

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110380

1. Entity Name

INXL, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90037 033 ***150.00

Principal Place of Business

Mailing Address

8402 TRAPPERS CREEK DRIVE
JACKSONVILLE FL 32224

PO BOX 441034
JACKSONVILLE FL 32222-0018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8402 TRAPPERS CREEK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

4. FEI Number

59-3615687

Applied For

Not Applicable

Zip

Country

Zip

Country

32244-7403

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PABUSTAN, RODOLFO D
8402 TRAPPERS CREEK DRIVE
JACKSONVILLE FL 32224

Name

PABUSTAN, RODOLFO D.

Street Address (P.O. Box Number is Not Acceptable)

8402 TRAPPERS CREEK DRIVE

City

JACKSONVILLE

FL

Zip Code

32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODOLFO D. PABUSTAN		
STREET ADDRESS	8402 TRAPPERS CREEK DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32244-7403		
TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ISIDRO S. ORTIZ		
STREET ADDRESS	8272 GLASGOW COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	VICE - PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEONARDO A. BAZA		
STREET ADDRESS	3359 SECRET ISLE LN		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	IGNACIO A. TANZUACO		
STREET ADDRESS	543 JIMBAY DRIVE		
CITY-ST-ZIP	ORANGE PARK, FL 32073		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAWN M. DAYAO		
STREET ADDRESS	7995 MACTAVISH WAY N		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodolfo D. Pabustan RODOLFO D. PABUSTAN 17 APRIL 2000 (704) 778-9082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)