2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000110380 1. Entity Name INXL, INC.				<u>)</u> 	FILED Apr 23, 2000 8:00 am Secretary of State 04-23-2000 90037 033 ***150.00		
Principal Place of E	Business	Mailing Address			04-25-2000 900	037 033).00
8402 TRAPPERS CREEK DRIVE JACKSONVILLE FL 32224		PO BOX 441034 JACKSONVILLE FL 32222-0018					(
2. Principal Place of Business 8402 TRAPPERS CREEK DRIVE		3. Mailing Address					
Suite, Apt. #, et		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State JACKSONVILLE, FLORIDA		City & State			El Number 59 - 3615687		plied For t Applicable
Zip 32244 - 740	Country	Zip	Country	5. (Certificate of Status Desired	S8.75 Add Fee Required	
	Name and Address of Current	Registered Agent		7. N	lame and Address of New Regist	lered Agent	
			Name r	ARIST	AN, RODOLFO	D.	
8402 TR/	an, rodolfo d Appers creek drive Nville FL 32224				ox Number is Not Acceptable)		
		City		KSONV	NVILLE FL Zip Code 32244		
8. The above nar	ned entity submits this statement fo	r the purpose of changing its r	registered office or	egistered ag	ent, or both, in the State of Florida.		
	ature, typed or printed name of registered agent a	and the it applicable (NOTE)	: Registered Agent signatu	a required when re	einstating)	DATE	<u> </u>
Signa	ature, typed or printed name of registered agent a						
9 This corporation	واطلع ومغوا وفاريكم تجريبه والالتارين والمتعاوين						<u> </u>
Tax filing requi	on is eligible to satisfy its Intangible rement and elects to do so.	After MAY 1, 200	!! FEE IS \$150.0 00 Fee will be \$5 le to Department	50.00	10. Election Campaign Financia Trust Fund Contribution.		0 May Be I to Fees
Tax filing requi (See criteria or	n back)	After MAY 1, 200 Make Check Payabl	00 Fee will be \$5 le to Department	50.00 of State	Trust Fund Contribution.	Added	to Fees
Tax filing requi	rement and elects to do so.	After MAY 1, 200 Make Check Payabl	00 Fee will be \$5	50.00 of State <u>AC</u> CHIEF	Trust Fund Contribution.		to Fees
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