

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001160**

1. Entity Name

BRITAIN SC CO., LTD.

FILED

00 MAR 14 PM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 21301 POWERLINE ROAD, #312 BOCA RATON FL 33433	Mailing Address 21301 POWERLINE ROAD, #312 BOCA RATON FL 33433-2391
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3328251	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$765,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000055422 PEARL GENERAL, INC. 21301 POWERLINE ROAD, #312 BOCA RATON FL 33433	STREET ADDRESS	80000318088-8 -03/23/00--01003--016 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **PEARL GENERAL INC** *Pearl General Inc*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Tuller, Treasurer** *Tuller, Treasurer* 3/10/00
 Daytime Phone # **865-584-4175**

CR2E003 (9/99)