

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012041
AT

DOCUMENT # **A95000001160**

1. Entity Name

BRITAIN SC CO., LTD.

02 APR 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**21301 POWERLINE ROAD, #312
BOCA RATON FL 33433**

Mailing Address

**21301 POWERLINE ROAD, #312
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

P.O. Box 11229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Knoxville TN

4. FEI Number

59-3328251

Applied For

Not Applicable

Zip

Country

37939

Country

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

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

Name

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

City

FL

Zip Code

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.

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

**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 #	P95000055422
NAME	PEARL GENERAL, INC.
STREET ADDRESS	21301 POWERLINE ROAD, #312
CITY-ST-ZIP	BOCA RATON FL 33433
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	200005316132--7
CITY-ST-ZIP	-04/23/02--01011--007
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Clifford L. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3/6/02

Daytime Phone #

865-584-4175

CP2E003 (9/01)