

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90020 040 \*\*\*150.00

**715161**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 852719**

1. Entity Name

**PAN AMERICAN ELECTRIC, INC.**

Principal Place of Business

**1300 FORT NEGLEY BLVD**  
**NASHVILLE TN 37203**

Mailing Address

**P.O. BOX 40786**  
**NASHVILLE TN 37204-0786**  
**US**

2. Principal Place of Business

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0985675**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

(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) ☐**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 NAME STREET ADDRESS CITY-ST-ZIP	<del>PG-</del> <b>CAMPBELL, JAMES A.</b> <b>1300 FORT NEGLEY BLVD</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>HENDRIX, JEFFREY C</b> <b>1300 FORT NEGLEY BLVD</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SPT</del> <b>CAMPBELL, MICHAEL W</b> <b>1300 FORT NEGLEY BLVD</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T</del> <b>PAMELA O. GRAY</b> <b>2301 CRUZEN STREET</b> <b>NASHVILLE TN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EVP</del> <b>SEABURY, JAMES C III</b> <b>1300 FORT NEGLEY BLVD</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>CANNON, J CARL</b> <b>1300 FORT NEGLEY BLVD</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>CAMPBELL, JAMES A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT TN DIVISION</b> <b>CAMPBELL, MICHAEL W.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT OF FINANCE</b> <b>PAMELA O. GRAY</b> <b>1300 FORT NEGLEY BLVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SEABURY, JAMES C III</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-00**

Date

**615-242-6336**

Daytime Phone #

CR2E034 (9/99)