

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002495**

1. Entity Name

PEX N.A., LTD.

Principal Place of Business

113 BAILEY DRIVE #6
NICEVILLE FL 32578

Mailing Address

113 BAILEY DRIVE #6
NICEVILLE FL 32578-2756

2. Principal Place of Business

100 Hart Street

Suite, Apt. #, etc.

City & State

Niceville FL

Zip

32578

Country

OKALOOSA

3. Mailing Address

100 Hart St

Suite, Apt. #, etc.

City & State

Niceville FL

Zip

32578

Country

OKALOOSA

6. Name and Address of Current Registered Agent

PEX N.A., INCORPORATED
113 BAILEY DRIVE #6
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

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

100 Hart St

City

Niceville

FL

Zip Code

32578

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. Capital Contributions
as Shown on record.

\$1,000.00

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

DOCUMENT # P96000102764
NAME PEX N.A., INCORPORATED
STREET ADDRESS 113 BAILEY DRIVE
CITY - ST - ZIP NICEVILLE FL 32578

13. ADDRESS CHANGES ONLY

STREET ADDRESS 100 Hart Street
CITY - ST - ZIP Niceville FL 32578

DOCUMENT #
NAME
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CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

850.729.0537

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CRF-E003 (04/98)