

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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0007275 AT

DOCUMENT # **A97000002495**

1. Entity Name  
**PEX N.A., LTD.**



FILED  
03 APR 23 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**100 HART STREET  
NICEVILLE FL 32578**

Mailing Address  
**100 HART STREET  
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3457975**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEX N.A., INCORPORATED  
100 HART STREET  
NICEVILLE FL 32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # **P96000102764**  
NAME **PEX N.A., INCORPORATED**  
STREET ADDRESS **100 HART STREET**  
CITY-ST-ZIP **NICEVILLE FL 32578**

STREET ADDRESS

CITY-ST-ZIP

**900016696309**  
**04/23/03--01011--006 \*\*141.25**

DOCUMENT #  
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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: **X** *Karl F. Rentschler* **KARL F. Rentschler** **General Manager** **4-10-03**  
**850.729.0537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE