

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002675**

1. Entity Name

POCKET CHANGE SOUTHEAST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O PCSE, INC. 1223 APPLETON ROAD MENASHA WI 54952	Mailing Address C/O PCSE, INC. 1223 APPLETON ROAD MENASHA WI 54952-1501
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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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Zip	Country	Zip	Country
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4. FEI Number 65-0798964	Applied For <input type="checkbox"/> Not Applicable
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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

KNOWLES, TIMOTHY
C/O HARLEE PORGES HAMLIN KNOWLES BALD
1205 MANATEE AVENUE 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. Capital Contributions as Shown on record. \$7,000,000.00	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 #	P97000103207
NAME	PCSE, INC.
STREET ADDRESS	1223 APPLETON ROAD
CITY - ST - ZIP	MENASHA WI 54952

STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	300003288563--1
CITY - ST - ZIP	-06/14/00--01042--014

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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: <i>Ann Francis</i>	ANN FRANCIS SECRETARY, PCSE, INC.	Date: 4/26/00	Daytime Phone #: 920-727-5800
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CFR 101.11 (1/99)