

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003949

1. Entity Name

PATEX INTERNATIONAL, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90025 030 ***150.00

Principal Place of Business

Mailing Address

4300 BAYOU BLVD. #36
 PENSACOLA FL 32503

4300 BAYOU BLVD. #36
 PENSACOLA FL 32501-4154

2. Principal Place of Business

3. Mailing Address

698 HEINBERG ST

698 HEINBERG ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

#107

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

Zip

32501

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2316335

Applied For

Not Applicable

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

BENSON, PATRICIA
 4300 BAYOU BLVD. #36
 PENSACOLA FL 32503

Name

BENSON, PATRICIA

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

698 HEINBERG ST #107

City

PENSACOLA

FL

Zip Code

32501

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 PSTD Delete
 NAME BENSON, PATRICIA
 STREET ADDRESS 4300 BAYOU BLVD. #36
 CITY-ST-ZIP PENSACOLA FL 32503

TITLE Change Addition
 NAME CHANGE ADDRESS
 STREET ADDRESS 698 HEINBERG ST #107
 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Patricia Benson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00
 Date

(850) 4326102
 Daytime Phone #