

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30849

1. Entity Name

THE PAXEN GROUP, INC.

Principal Place of Business

Mailing Address

1800 PENN ST
SUITE 10
MELBOURNE FL 32901
US

1800 PENN ST
SUITE 10
MELBOURNE FL 32901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2495345

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

GENTRY, BARRY L.
1800 PENN STREET
SUITE 10
MELBOURNE FL 32901

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, 2001 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

TITLE DCT ☐ Delete
NAME HIGGS, PATRICK
STREET ADDRESS 1800 PENN ST SUITE 10
CITY-ST-ZIP MELBOURNE FL

TITLE DV ☐ Delete
NAME HIGGS, PHILIP E.
STREET ADDRESS 1360 MOORE RD
CITY-ST-ZIP WATERLOO IL

TITLE DS ☐ Delete
NAME HIGGS, NANCY
STREET ADDRESS 1800 PENN ST SUITE 10
CITY-ST-ZIP MELBOURNE FL

TITLE DP ☐ Delete
NAME GENTRY, BARRY
STREET ADDRESS 1800 PENN ST SUITE 10
CITY-ST-ZIP MELBOURNE FL

TITLE DV ☐ Delete
NAME BOWDER, SUSAN
STREET ADDRESS 1342 TIMBERLANE RD @201-D
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DV ☐ Delete
NAME DAVIS, SANDY B
STREET ADDRESS 1403 TAFT HWY. SUITE 3
CITY-ST-ZIP SIGNAL MOUNTAIN TN

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90116 003 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)