

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90096 019 ***158.75

DOCUMENT # H30849

1. Entity Name
THE PAXEN GROUP, INC.

Principal Place of Business

**1800 PENN ST
 SUITE 10
 MELBOURNE FL 32901
 US**

Mailing Address

**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

4. FEI Number

59-2495345

Applied For

Not Applicable

Zip

Country

Zip

Country

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 + 8.75
 After May 1, 2002 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 ☐ Delete
 NAME **DCI**
 STREET ADDRESS **HIGGS, PATRICK**
 CITY-ST-ZIP **1800 PENN ST SUITE 10
 MELBOURNE FL**

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

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

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

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

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

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

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

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

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

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

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 REQUIRED Patrick C. Higgs

Date

1/3/02

Daytime Phone #

(321) 724-1033

CR2E034 (9/01)