

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90333 037 ***150.00

US10041

DOCUMENT # J95020

1. Entity Name

PANEX CORPORATION

Principal Place of Business

725 N. HIGHWAY A1A
 SUITE C-210
 JUPITER FL 33477

Mailing Address

PO BOX 32278
 PALM BCH GRDNS FL 33420
 US

923714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12300 ALT. A1A

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 108

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

Zip

33410

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAHN, ROBERT W. II
1121 PROSPERTY FARMS RD.
SUITE 3003
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

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] **ROBERT W. JAHN, PRESIDENT**

(NOTE: Registered Agent Signature required when reinstating)

2-20-01

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 **P** ☐ Delete
 NAME **JAHN, ROBERT W. II**
 STREET ADDRESS **P.O. BOX 32278 N/A**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **V** ☐ Delete
 NAME **DEDO, DOUGLAS D.**
 STREET ADDRESS **1121 PROSPERTY FARMS RD., SUITE 3003**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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] **ROBERT W. JAHN, PRESIDENT**

2-20-01

Date

800-662-4499

Daytime Phone #

CR2E034 (10/00)