

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # L96792**1. Entity Name
X-NIX TECHNIK, INC.**Principal Place of Business**5750 MARGATE BLVD
SUITE 205
MARGATE
33063

FL

US

Mailing Address5750 MARGATE BLVD
SUITE 205
MARGATE
33063

FL

US

2. Principal Place of Business

7824 SUNFLOWER DR

3. Mailing Address

7824 SUNFLOWER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE

FL

City & State

MARGATE

FL

4. FEI Number

59-3031335

Applied For

Not Applicable

Zip
33063Country
USZip
33063Country
US**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ALLEN PATRICIA G
7824 SUNFLOWER DRIVEMARGATE FL
33063 US**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/09/2001

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	D	<input type="checkbox"/> Delete
NAME	ALLEN PATRICIA G	
STREET ADDRESS	7824 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ALLEN PATRICIA G	
STREET ADDRESS	7824 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	7824 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 G. ALLEN

VP

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)