

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90426 001 \*\*\*150.00

**DOCUMENT # P96000102764**



1. Entity Name  
**PEX, N.A., INCORPORATED**

Principal Place of Business  
**100 HART STREET  
NICEVILLE FL 32578**

Mailing Address  
**100 HART STREET  
NICEVILLE FL 32578**

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 **59-3408927**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RENTSCHER, KARL F  
100 HART STREET  
NICEVILLE FL 32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>P</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>KORECKI, JORG</b>      |                                 |
| STREET ADDRESS | <b>TANNENWEG II</b>       |                                 |
| CITY-ST-ZIP    | <b>AIDLINGEN GE 71134</b> |                                 |
| TITLE          | <b>T</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>HOFMANN, GERHARD</b>   |                                 |
| STREET ADDRESS | <b>TANNENWEG II</b>       |                                 |
| CITY-ST-ZIP    | <b>AIDLINGEN GE 71134</b> |                                 |
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>FRENZEL, MARCUS</b>    |                                 |
| STREET ADDRESS | <b>TANNENWEG II</b>       |                                 |
| CITY-ST-ZIP    | <b>AIDLINGEN GE 71134</b> |                                 |
| TITLE          | <b>VPS</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>RENTSCHIER, KARL F</b> |                                 |
| STREET ADDRESS | <b>108 BAY WIND DR</b>    |                                 |
| CITY-ST-ZIP    | <b>NICEVILLE FL 32578</b> |                                 |
| 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"/> 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl F. Rentschler* **Karl F. Rentschler** **4-10-2003**  
**General Mgr** **850.729.0537**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)