2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90098 048 ***150.00

DOCUMENT # P99000012229

1. Entity Name
PANEXIM, INC.

Principal Place of Business: ~~8535-3 BAYMEADOWS ROAD JACKSONVILLE FL 32256~~ CHANGE
Mailing Address: ~~8535-3 BAYMEADOWS ROAD JACKSONVILLE FL 32256~~

000344UZ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7035-5 PHILIPS HIGHWAY	3. Mailing Address: 7035-5 PHILIPS HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32216 Country: U.S.A	Zip: 32216 Country: U.S.A

4. FEI Number 59-3555801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPADIS, SOPHIE
8535-3 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: PAPPADIS, SOPHIE
Street Address (P.O. Box Number is Not Acceptable): 7035-5 PHILIPS HIGHWAY
City: JACKSONVILLE FL. Zip Code: 32216

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], SOPHIE PAPPADIS, PRESIDENT   DATE: 4-4-01 ~~2-25-01~~
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PSTD	☐ Delete
NAME	PAPPADIS, SOPHIE	
STREET ADDRESS	~~8535-3 BAYMEADOWS ROAD~~ 7035-5 PHILIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL ~~32256~~ 32216	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] SOPHIE PAPPADIS, PRESIDENT   2-25-01   (904) 732 9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)