

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90077 036 ***150.00

DOCUMENT # P99000088794

1. Entity Name
REX ENTERPRISES, INC.

Principal Place of Business

102 1/2 WILLING ST.
MILTON FL 32570

Mailing Address

5187 SPRINGDALE DR.
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5242B Willing St.

Suite, Apt. #, etc.

4360 Ponderosa Rd.

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

S.R.

Zip

32583

Country

S.R.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3604553

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRUGER, MATTHEW S
5187 SPRINGDALE DR.
MILTON FL 32570

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

Patricia Kruger

4-25-2

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 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

TITLE P
NAME KRUGER, MATTHEW
STREET ADDRESS 5187 SPRINGDALE DRIVE
CITY-ST-ZIP MILTON FL 32570

☐ Delete

TITLE V
NAME KRUGER, PATRICIA
STREET ADDRESS 5187 SPRINGDALE DRIVE
CITY-ST-ZIP MILTON FL 32570

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Kruger **4-25-2** **850 623-4739**

Date

Daytime Phone #

CR2E034 (9/01)