

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90005 013 \*\*\*550.00

**DOCUMENT # V05571**

1. Entity Name  
**NORTEX UNLIMITED, INC.**

Principal Place of Business  
 12380 SONDR A COVE TRAIL N  
 JACKSONVILLE FL 32225  
 US

Mailing Address  
 12380 SONDR A COVE TRAIL N  
 JACKSONVILLE FL 32225  
 US

2. Principal Place of Business  
**6704 Harlow Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6704 Harlow Blvd.**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville FL**  
 Zip  
**32210**  
 Country  
**USA**

City & State  
**Jacksonville FL**  
 Zip  
**32210**  
 Country  
**USA**

4. FEI Number **59-3101840**

Applied For  
 Not Applicable

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

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

**NAESSE, FRED I.**  
 12380 SONDR A COVE TRAIL N  
 JACKSONVILLE FL 32225

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>NAESSE, FRED I.</b>
STREET ADDRESS	<b>12380 SONDR A COVE TRAIL N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAESSE, FRED I.</b>
STREET ADDRESS	<b>12380 SONDR A COVE TRAIL N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</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"/> 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
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	

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: **NAESSE, FRED I.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/00** **904 777 3945**  
 Date Daytime Phone #

CR2E034 (5/00)