

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

City & State

Jacksonville FL

4. FEI Number

59-3101840

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 **PST** ☐ Delete
 NAME **NAESSE, FRED I.**
 STREET ADDRESS **12380 SONDR A COVE TRAIL N**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
 NAME **NAESSE, FRED I.**
 STREET ADDRESS **12380 SONDR A COVE TRAIL N**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00
 Date

904 777 3945
 Daytime Phone #

CR2E034 (5/00)