

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90312 022 ***150.00

DOCUMENT # G16994

1. Entity Name
GOLFEX, INC.

Principal Place of Business 12908 AIR WAY STREET PANAMA CITY FL 32404-833 US	Mailing Address 12908 AIR WAY STREET PANAMA CITY FL 32404-833 US
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2. Principal Place of Business 18495 S. Dixie Hwy, PMB 102 Suite, Apt. #, etc.	3. Mailing Address 108 Mosley Drive Suite, Apt. #, etc.
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City & State Miami, FL	City & State Lynn Haven, FL	4. FEI Number 59-2319426	Applied For <input type="checkbox"/> Not Applicable
Zip 33157	Country USA	Zip 32444	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
YOUNG, JUDITH C
12908 AIR WAY STREET
PANAMA CITY FL 32404-2833

7. Name and Address of New Registered Agent
 Name
Albert J. Stopka, III
 Street Address (P.O. Box Number is Not Acceptable)
108 Mosley Drive
 City
Lynn Haven, FL Zip Code
32444

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  **Albert J. Stopka, III -Reg. Agent** **4-18-01**
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)

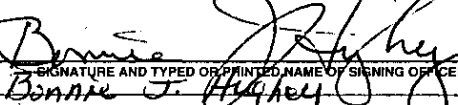
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST HUGHEY, BONNIE J 18495 S DIXIE HWY B102 MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YOUNG, DAVID F. 12908 AIR WAY STREET PANAMA CITY FL 32404-2833 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Hughey, Bonnie J 198495 S. Dixie Hwy, PMB 102 Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Lenherr-Toedtli, Elke P. O. Box 12, Eschner Strasse 93 FL-9487 Bendorf, Liechtenstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Zindel, Nora M. P. O. Box 12, Eschner Strasse 93 FL-9487 Bendorf, Liechtenstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Assistant Secretary **4/17/01** **(305) 238-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)