

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90095 044 \*\*\*158.75

**DOCUMENT # P96000029428**

1. Entity Name  
**DOCULEX, INC.**

Principal Place of Business

**200 AVE. B. N.W.  
 WINTER HAVEN FL 33880**

Mailing Address

**PO BOX 7378  
 WINTER HAVEN FL 33883-7378  
 US**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3377504**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRANG, CARL J III  
 200 AVE. B, N.W.  
 WINTER HAVEN FL 33880**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STRANG, CARL J III</b>
STREET ADDRESS	<b>1340 LAKE CANNON DR E</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STRANG, CARL J JR</b>
STREET ADDRESS	<b>1050 LAKE OTIS DR W</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILSON, KERRY M</b>
STREET ADDRESS	<b>1906 18TH ST NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOGDAHN, JOSEPH</b>
STREET ADDRESS	<b>1332 EVELYN DR SE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carl J Strang III* **PRESIDENT** Date: 1/14/01 Daytime Phone #: 813 297-3691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)