2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000029428 **DOCUMENT #**

1. Entity Name DOCULEX, INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90137 009 ***158.75

-			The state of the s	7			
Principal Place of Business 203 AVE A NW STE 300 WINTER HAVEN FL 33883		Mailing Address PO BOX 7378 WINTER HAVEN FL 33883-7378 US			1/ 48 / (3)/ (48)		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3377504 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Add Fee Require	ot Applicable		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	<u> </u>		
٠	* a		Name	Name			
Strang,	, CARL J III			The control of the co			
200 AVE.	. B, N.W.		Street Addres	O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33880							
			City	FL Zip Code	e		
SIGNATURE	mons of registered agent.		ng its registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with, in the State of Florida. I am familiar with it is a state of Florida. I am familiar with	and accept		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution. Added Added	O May Be to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	2 (6) 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, CARL J III 1340 LAKE CANNON DR E WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, CARL J JR 1050 LAKE OTIS DR W WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KERRY M 1906 18TH ST NW WINTER HAVEN FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bogdahn, Joseph 1332 Evelyn dr se Winter Haven Fl 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ·	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	Addition		

12. I hereby certify that the information supplied with his 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 of trustee expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ss, with all other like empowered.

SIGNATURE:

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

73 299/19s