

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 177621

i. Entity Name

DAY-DEX CO.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90165 050 \*\*\*158.75

Principal Place of Business

J. KIM MOTSINGER  
 4725 N W 36TH AVENUE  
 FL 33142

Mailing Address

J. KIM MOTSINGER  
 4725 N W 36TH AVENUE  
 MIAMI FL 33142-3907

723851

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MOTSINGER, J. KIM  
 631 ORIOLE AVENUE  
 MIAMI SPRINGS FL 33166

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 \$150.00**  
**After MAY 1, 2000 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	S	<input checked="" type="checkbox"/> Delete
NAME	MOTSINGER, ERNIE D	
STREET ADDRESS	124 LENAPE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOTSINGER, CAROL A	
STREET ADDRESS	631 ORIOLE AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOTSINGER, J. KIM	
STREET ADDRESS	631 ORIOLE AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTSINGER, LANCE J.	
STREET ADDRESS	257 N. ROYAL PONCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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:

*J. Kim Motsinger* J. KIM MOTSINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 (305) 635-5241

Date

Daytime Phone #

CR2E034 (9/99)