

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630025

1. Entity Name

VORTEX INNERSPACE PRODUCTS, INCORPORATED

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90121 023 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>HIGHWAY 90 WEST<br>PO BOX 168<br>PONCE DE LEON FL 32455 | Mailing Address<br>HIGHWAY 90 WEST<br>PO BOX 168<br>PONCE DE LEON FL 32455-0168 |
|--|---|

|   |                     |
|---|---------------------|
| 2. Principal Place of Business<br>1488 HWY 90 | 3. Mailing Address  |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc. |

|              |              |                             |  |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number<br>38-1953907 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                         | Country  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>DOCKERY, DARYL R<br>HIGHWAY 81 NORTH<br>PONCE DE LEON, FLA<br>32455 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1432 AMMONS RD<br>City<br>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 \_\_\_\_\_

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DOCKERY, DARYL R<br>HIGHWAY 81 NORTH<br>PONCE DE LEON, FL 00000 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Dockery, Daryl R<br>1432 Ammons Rd.<br>Ponce De Leon, FL 32455 <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DOCKERY, DENZEL J<br>RT 2 BOX 18 1/2<br>PONCE DE LEON, FL 00000 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Dockery, Denzel J<br>1518 Vortex Spring Ln.<br>Ponce De Leon, FL 32455 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DOCKERY, RUTH E<br>RT 2 BOX 18 1/2<br>PONCE DE LEON, FL 00000 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Dockery, Ruth E<br>1518 Vortex Spring Ln.<br>Ponce De Leon, FL 32455 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: DARYL DOCKERY 3-27-00 (850) 836-4121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)