

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90004 031 \*\*\*550.00

0110636 AT

**DOCUMENT # 630025**

1. Entity Name

**VORTEX INNERSPACE PRODUCTS, INCORPORATED**

Principal Place of Business

**HIGHWAY 90 WEST  
 PO BOX 168  
 PONCE DE LEON FL 32455**

Mailing Address

**HIGHWAY 90 WEST  
 PO BOX 168  
 PONCE DE LEON FL 32455**

2. Principal Place of Business

**Highway 90 West**

Suite, Apt. #, etc.

**P.O. Box 168**

City & State

**Ponce de Leon, FL**

Zip

**32455**

Country

**Holmes**

3. Mailing Address

**Highway 90 West**

Suite, Apt. #, etc.

**P.O. Box 168**

City & State

**Ponce de Leon, FL**

Zip

**32455**

Country

**Holmes**

6. Name and Address of Current Registered Agent

**DOCKERY, DARYL R**

**1432 AMMONS RD**

**PONCE DE LEON FL 32455**

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**

**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 **VD** ☐ Delete  
 NAME **DOCKERY, DARYL R**  
 STREET ADDRESS **1432 AMMONS RD**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **PD** ☐ Delete  
 NAME **DOCKERY, DENZEL J**  
 STREET ADDRESS **1518 VORTEX SPRING LANE**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **TD** ☐ Delete  
 NAME **DOCKERY, RUTH E**  
 STREET ADDRESS **1518 VORTEX SPRING LANE**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)