

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90312 022 ***150.00

DOCUMENT # G16994

1. Entity Name

GOLFEX, INC.

Principal Place of Business

12908 AIR WAY STREET
PANAMA CITY FL 32404-833
US

Mailing Address

12908 AIR WAY STREET
PANAMA CITY FL 32404-833
US

2. Principal Place of Business

18495 S. Dixie Hwy, PMB 102
Suite, Apt. #, etc.

3. Mailing Address

108 Mosley Drive
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Lynn Haven, FL

4. FEI Number

59-2319426

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

32444

Country

USA

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

YOUNG, JUDITH C
12908 AIR WAY STREET
PANAMA CITY FL 32404-2833

Name

Albert J. Stopka, III

Street Address (P.O. Box Number is Not Acceptable)

108 Mosley Drive

City

Lynn Haven

FL

Zip Code

32444

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.

Albert J. Stopka, III -Reg. Agent 4-18-01

(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, 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	VAST	<input type="checkbox"/> Delete
NAME	HUGHEY, BONNIE J	
STREET ADDRESS	18495 S DIXIE HWY B102	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID F.	
STREET ADDRESS	12908 AIR WAY STREET	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	
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		

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughey, Bonnie J	
STREET ADDRESS	198495 S. Dixie Hwy, PMB 102	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenherr-Toedtli, Elke	
STREET ADDRESS	P. O. Box 12, Eschner Strasse 93	
CITY-ST-ZIP	FL-9487 BERNER, Liechtenstein	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zindel, Nora M.	
STREET ADDRESS	P. O. Box 12, Eschner Strasse 93	
CITY-ST-ZIP	FL-9487 BERNER, Liechtenstein	
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:

Bonnie J. Hughey

Assistant Secretary

4/17/01

(305) 238-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)