

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009061

1. Entity Name
SOFTEX PRODUCTS, LLC

FILED

01 AUG 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3400 AGRICULTURAL CENTER DRIVE SAINT AUGUSTINE FL 32092-0577
Mailing Address: 3400 AGRICULTURAL CENTER DRIVE SAINT AUGUSTINE FL 32092-0577

2. Principal Place of Business: 1400 Reid Street
Suite, Apt. #, etc.
3. Mailing Address: P.O. Box 309
Suite, Apt. #, etc.

City & State: Palatka, FL
Zip: 32177
Country: Putnam
City & State: Palatka, FL
Zip: 32178
Country: Putnam

4. FEI Number: 093661332
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004552696--3
-08/23/01--01069--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: PAUL LUCIEN LIEUW STREET ADDRESS: 3400 AGRICULTURAL CENTER DRIVE CITY-ST-ZIP: SAINT AUGUSTINE FL 32092-0577	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Paul Lucien Lieuw STREET ADDRESS: 1400 Reid St CITY-ST-ZIP: Palatka FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul Lieuw DATE: Aug-17-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (5/01)