7/3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

07-31-2002 90106 003 ****50.00

41546

DOCUMENT # L01000012286

1. Entity Name
FOR DOX INVESTMENTS, L.C.

Principal Place of Business
1028 ANTILLES AVENUE
FORT PIERCE FL 34982

Mailing Address
1028 ANTILLES AVENUE
FORT PIERCE FL 34982

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1134086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRETSCHMER, ALBERT E JR.
1028 ANTILLES AVENUE
FORT PIERCE FL 34982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KRETSCHMER, ALBERT E JR
STREET ADDRESS	1028 ANTILLES AVENUE
CITY-ST-ZIP	FORT PIERCE FL 34982
	☐ Delete
TITLE	MGRM
NAME	BRIGGS, JAMES O
STREET ADDRESS	1690 RIDGEWOOD HAMMOCK
CITY-ST-ZIP	DELAND FL 32720
	☐ Delete
TITLE	MGRM
NAME	SNYDER, GEORGE H
STREET ADDRESS	3101 GULFSTREAM ROAD
CITY-ST-ZIP	LAKE WORTH FL 33461
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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: Albert E Kretschmer Jr 24 July 02 772/464-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #