

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 004 \*\*\*150.00

04/21/03 AV

**DOCUMENT # L72737**

1. Entity Name  
**M-FLEX CORPORATION**



Principal Place of Business  
**10151 DERWOOD PARK BLVD  
BLDG 400 STE 350  
JACKSONVILLE FL 32256-0592  
US**

Mailing Address  
**10151 DERWOOD PARK BLVD  
BLDG 400 STE 350  
JACKSONVILLE FL 32256-0592  
US**



2. Principal Place of Business  
**10151 Deerwood Park Blvd**

Suite, Apt. #, etc.  
**Bldg 400, Ste 350**

City & State  
**Jacksonville FL**

Zip Country  
**32256-0592 US**

3. Mailing Address  
**10151 Deerwood Park Blvd**

Suite, Apt. #, etc.  
**Bldg 400, Ste 350**

City & State  
**Jacksonville FL**

Zip Country  
**32256-0592 US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3010079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOMINICK, E. LESTER  
10151 DERWOOD PARK BLVD, BLD 400, STE 350  
JACKSONVILLE FL 32256-0592**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMINICK, E. LESTER 10151 DERWOOD PARK BLVD, BLD 400, STE 350 JACKSONVILLE FL 32256-0592</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO DAHLENBURG, WILLIAM L. 10151 DERWOOD PARK BLVD, BLD 400, STE 350 JACKSONVILLE FL 32256-0592</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED William Dahlenburg, CFO 04/14/03 (904) 356-2490**

CR2E034 (10/02)