

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90314 037 ***150.00

0457404 AV

DOCUMENT # P00000113899

1. Entity Name

DEXRON INVESTMENT #1 CORP.



Principal Place of Business

**4532 WEST KENNEDY BLVD., SUITE 201
TAMPA FL 33609**

Mailing Address

**4532 WEST KENNEDY BLVD., SUITE 201
TAMPA FL 33609**

2. Principal Place of Business

4528 CHEVAL BLVD.

3. Mailing Address

4528 CHEVAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

LUTZ, FL.

Zip

33558

Country

USA

Zip

33558

Country

USA

4. FEI Number

59-3688742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EVANS, NOEL K ESQ.
109 N. BRUSH STREET
SUITE 400
TAMPA FL 33602-4159**

7. Name and Address of New Registered Agent

Name

DEXTER HOFFMAN

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

4528 CHEVAL BLVD.

City

LUTZ

FL

Zip Code

33558

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

Dexter Hoff

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/03

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 **CD** ☐ Delete
NAME **HOFFMAN, M.D.**
STREET ADDRESS **4932 ST. CROIX DR.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Change ☐ Addition
NAME **HOFFMAN, M.D.**
STREET ADDRESS **4528 CHEVAL BLVD.**
CITY-ST-ZIP **LUTZ, FL. 33558**

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

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

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

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

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

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:

MSIGED AT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman

4/16/03

Date

813-949-4007

Daytime Phone #

CR2E034 (10/02)