

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075971

1. Entity Name

KELEX INVESTMENTS, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90074 047 \*\*\*150.00

Principal Place of Business

Mailing Address

RIVER BASIN DR. S.  
JACKSONVILLE FL 32207

4952 RIVER BASIN DR. S.  
JACKSONVILLE FL 32207-2112  
US

2. Principal Place of Business

4741 Atlantic Blvd  
Suite B-2  
Jacksonville, FL  
32207 Duval

3. Mailing Address

4741 Atlantic Blvd.  
Suite B-2  
Jacksonville, FL  
32207 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3340524

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FALLAR, SCOTT W ESQ.  
8375 DIX ELLIS TRAIL  
SUITE 401  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: Howard M. Dyal  
Street Address (P.O. Box Number is not Acceptable): 4952 River Basin Drive S.  
City: Jacksonville, FL Zip Code: 32207

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.

(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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DYAL, HOWARD M SR	
STREET ADDRESS	4952 RIVER BASIN DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DYAL, ELLEN S	
STREET ADDRESS	4952 RIVER BASIN DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hynes, James R	
STREET ADDRESS	11810 Indian Bluff Cove	
CITY-ST-ZIP	Jacksonville, FL 32225	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 (904) 399-3222  
Date Daytime Phone #

CR2E034 (9/99)