

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO5000075971**

1. Entity Name  
**KELEX Investments, Inc**

**FILED**

**01 JAN 19 AM 11:47**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**1840 Atlantic Blvd 1840 Atlantic Blvd  
Jacksonville, FL 32207 Jacksonville, FL 32207**

2. Principal Place of Business 3. Mailing Address  
**1840 Atlantic Blvd 1840 Atlantic Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Jacksonville, FL Jacksonville, FL**

4. FEI Number Applied For  
**59-3340524** Not Applicable

Zip Country Zip Country  
**32207 Duval 32207 Duval**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**Howard M. Dyal  
4952 River Basin Drive South  
Jacksonville, FL 32207**

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 **James R. Hynes Secretary** **1/17/2001**  
(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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **Karen Abele**  
CITY-ST-ZIP **6639 Kenczyk Drive Jacksonville, FL 32277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **900003623959--9  
-02/02/01--01023--010  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME **Vice President**  
STREET ADDRESS **Howard M. Dyal**  
CITY-ST-ZIP **4952 River Basin Drive Jacksonville, FL 32207**

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

TITLE ☐ Delete  
NAME **Secretary / Treasurer**  
STREET ADDRESS **James R. Hynes**  
CITY-ST-ZIP **11810 Indian Bluff Cove Jacksonville, FL 32225**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 without other like empowered.

SIGNATURE: **James R. Hynes Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/2001 904 379-3222**  
Date Daytime Phone #

CR2E034 (11/00)