## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P97000089930 1. Entity Name DX2, INC. 03-14-2000 90061 013 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 965 18925 S. RIVER ROAD ALVA FL 33920-0965 ALVA FL 33920 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0789059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONALD, STANLEY A Street Address (P.O. Box Number is Not Acceptable) 2430 SHADOWLAWN DR **STE 12** NAPLES FL 34112 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition **PSD** Change CR2E034 (9/99 TITLE TITLE ☐ Delete DICK, SUSAN B NAME NAME STREET ADDRESS STREET ADDRESS 18925 S. RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP ALVA FL 33920 Addition ☐ Change AS ☐ Delete TITLE TITLE DICK, J.W. NAME NAME STREET ADDRESS STREET ADDRESS 18925 S RIVER RD PO BOX 965 CITY-ST-ZIP CITY-ST-ZIP ALVA FL 33920 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.