

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042122

1. Entity Name **DOMEX CAPITAL CORP.**
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FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90035 041 ***150.00

Principal Place of Business

1203 DOCKSIDE PLACE
 SARASOTA FL 34242

Mailing Address

1203 DOCKSIDE PLACE
 SARASOTA FL 34276-1419

2. Principal Place of Business

P.O. BOX 18419

3. Mailing Address

P.O. BOX 18419

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 SARASOTA, FL

City & State
 SARASOTA FL

4. FEI Number 65-0847615

Applied For
 Not Applicable

Zip Country
 34276 USA

Zip Country
 34276 USA

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

INGANAMORT, MILFORD
 1203 DOCKSIDE PLACE
 SARASOTA FL 34242

Name INGANAMORT, MILFORD

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

3685 BEERIOGE RA

City SARASOTA FL Zip Code 34233

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

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME INGANAMORT, MILFORD
 STREET ADDRESS 1203 DOCKSIDE PLACE
 CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☒ Change ☐ Addition
 NAME INGANAMORT, MILFORD
 STREET ADDRESS P.O. BOX 18419
 CITY-ST-ZIP SARASOTA, FL 34276

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
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

M. L. ROA INGANAMORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00

Daytime Phone #

941 255-8586

CR2E034 (9/99)