

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90124 045 ***550.00

DOCUMENT # P98000043548

1. Entity Name
DAX INVESTMENTS, INC.

Principal Place of Business
**2033 MAIN STREET, STE. 106
 SARASOTA FL 34237**

Mailing Address
**PO BOX 156
 THORNWOOD NY 10594**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2197927**

Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PARKER, THOEDORE
 2033 MAIN STREET, STE. 106
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent
 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 _____
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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, THEODORE 2033 MAIN STREET, STE. 106 SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GYORY, MICHEAL PO BOX 156 THORNWOOD NY 10594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE: SIGNATURE REQUIRED MICHAEL GYORY, PRESIDENT 7.5.01 914765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3530

CR2E034 (5/01)