

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061708

1. Entity Name

DEXRON INVESTMENT #3 CORP.

Principal Place of Business

4532 W KENNEDY BLVD
SUITE 201
TAMPA FL 33609
US

Mailing Address

4532 W KENNEDY BLVD
SUITE 201
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

EVANS, NOEL K ESQ
201 E KENNEDY BLVD, STE 1500
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

109 N. Brush St., Suite 400

City

Tampa

FL

Zip Code

33602-4159

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's 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

TITLE	D	EVANS, NOEL K ESQ	<input type="checkbox"/> Delete
NAME		201 E KENNEDY BLVD, STE 1500	
STREET ADDRESS		TAMPA FL 33602	
CITY-ST-ZIP			
TITLE	CD	HOFFMAN, M.D.	<input type="checkbox"/> Delete
NAME		4932 ST CROIX DRIVE	
STREET ADDRESS		TAMPA FL 33609	
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			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	EVANS, Noel K. Esq.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		109 N. Brush St., Suite 400	
STREET ADDRESS		Tampa FL 33602-4159	
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			
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: M. Dexter Hoffman M. DEXTER HOFFMAN 4/18/01 813-288-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHAIRMAN

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90351 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)