

DOCUMENT # P99000062613

1. Entity Name

KA-DEX, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-22-2001 90057 040 ***150.00

Principal Place of Business

2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953

Mailing Address

2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0935148

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

NICHOLS, KATHERINE D
2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name NICHOLS, DEXTER D. JR.Street Address (P.O. Box Number is Not Acceptable)
2365 SW ANTIQUERA ST.City PORT ST. LUCIE FL Zip Code 34953

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	NICHOLS, KATHERINE D	2365 SW ANTIQUERA ST. PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> Delete			
	D	NICHOLS, DEXTER D JR.	2365 SW ANTIQUERA ST. PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:

[Signature] DEXTER D NICHOLS JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

Date

561-879-7219

Daytime Phone #

CR2E034 (10/00)