


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90131 044 ***150.00

<p>DOCUMENT # P99000076104</p> <p>1. Entity Name</p> <p>4-PLEX INVESTMENTS, INC.</p>		
---	--	---



Principal Place of Business	Mailing Address
6460 JUSTICE AVENUE	6460 JUSTICE AVENUE
MILTON FL 32570	MILTON FL 32570

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	59-3598173	Applied For
		Not Applicable

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 -

LOCKLIN, JACK JR.
6460 JUSTICE AVE
MILTON FL 32570

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

*After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-----	---

TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKLIN, JACK JR.	
STREET ADDRESS	77 JONES AVENUE	
CITY - ST - ZIP	MILTON FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fields, Ron
STREET ADDRESS	4195 North Cambridge Way
CITY-ST-ZIP	PACE, Fla 32571

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUDWICK, MIKE	
STREET ADDRESS	1840 COLLINSWORTH ROAD	
CITY-ST-ZIP	MILTON FL 32570	

CITY-ST-ZIP	FACE, Fla 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOOL, RICHARD	
STREET ADDRESS	912 LAKEWOOD DRIVE	
CITY - ST - ZIP	MILTON FL 32570	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER, DOUGLAS A	
STREET ADDRESS	5679 BERRYHILL ROAD	
CITY - ST - ZIP	MILTON FL 32570	

CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF DIRECTOR *[Signature]* Director & President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03

850-423-9526

Date _____

Daytime Phone # _____

CR2E034 (10/02)