## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UB P99000080963 **DOCUMENT #** 1. Entity Name



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50.00

R)	May 01, 2003 8
	Secretary of S 05-01-2003 90304 038 ***1

KELEX CONSULTING, INC.					03-01-2003 90304 038	150.00
4952 RIVER E	ce of Business SASIN DRIVE SOUTH E FL 32207-2112	Mailing Addres 4952 RIVER BA JACKSONVILLE	SIN DRIVE SOUTH			<b>88</b> 28 2848 8488 820 488
2. Principal	Place of Business	3. Mailing Addr	ess			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 59-3600244 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry		3.75 Additional e Required
-	6. Name and Address of Curre	ent Registered Agent	~ · · ·		7. Name and Address of New Registered Age	nt
DYAL FI	IFN S			Name	•	
DYAL, ELLEN S 4952 RIVER BASIN DRIVE SOUTH JACKSONVILLE FL 32207-2112			Street Address (P.O. Box Number is Not Acceptable)			
JACKSON	WILLE PL 32207-2112					
6 The chay		1 for the group of the		City	ered agent, or both, in the State of Florida. I am fam	Zip Code
the obliga	e named entity submits this statement itions of registered agent.	it for the purpose of ch	anging its register	rea office or regist	ered agent, or both, in the state of Florida. Tam fam	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable	(NOTE: Begistere	ed Agent signature requir	red when reinstating) DATE	
			,			
	TLE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0	00			9. Election Campaign Financing	<b>\$5.00</b> May Be
	k Payable to Florida Departmen				Trust Fund Contribution.	Added to Fees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11
TITLE	PD					Change Addition
NAME	DYAL, ELLEN S	_	NAM	AE		
STREET ADDRESS	4952 RIVER BASIN DRIVE SOL	ЛН	STR			
CITY-ST-ZIP	JACKSONVILLE FL 32207-2112			EET ADDRESS		- v —
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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:

LIGHREQUIRED SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)