

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91183 023 ***150.00

DOCUMENT # **P99000098530**

1. Entity Name
DOGPLEX, INC.



Principal Place of Business
**51 CEDAR AVENUE 1007 Daisy Ln
COCOA BEACH FL 32931 Rockledge, FL 32955**

Mailing Address
**P.O. BOX 560456
ROCKLEDGE FL 32956**

55038730



2. Principal Place of Business
P.O. Box 560456

3. Mailing Address

Suite, Apt. #, etc.
1007 Daisy Lane

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Rockledge, FL

City & State

4. FEI Number
59-3609539

Applied For
Not Applicable

Zip
32955

Country
USA

Zip

Country

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

**KESTEL, LISA GRACE 1007 Daisy Lane
51 CEDAR AVENUE P.O. Box 560456
COCOA BEACH FL 32931 Rockledge, FL 32956**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lisa Grace Kestel**

18 Apr 2003

(NOTE: Registered Agent signature required when reinstating)

D/E

**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
NAME **KESTEL, LISA GRACE** ☐ Delete
STREET ADDRESS **51 CEDAR AVENUE 1007 Daisy Lane**
CITY-ST-ZIP **COCOA BEACH FL 32931 Rockledge, FL 32956**

TITLE
NAME **1007 Daisy Lane** ☒ Change ☐ Addition
STREET ADDRESS **P.O. Box 560456**
CITY-ST-ZIP **Rockledge, FL 32956 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 live empowered.

SIGNATURE: **Lisa Grace Kestel**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Apr 2003 329/720-1007

Date

Daytime Phone #

CR2E034 (10/02)