

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00600

1. Entity Name

DOMINEX, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:44

Principal Place of Business

6270 COUNTY ROAD 305 SOUTH
ELKTON FL 32033

Mailing Address

P.O. BOX 5069
ST. AUGUSTINE FL 32085-5069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1388608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACERENZA, JIM
316 PORPOISE POINT DRIVE
ST. AUGUSTINE FL 32095

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME M ☐ Delete
STREET ADDRESS GRAHAM, JOHN G
CITY-ST-ZIP 3663 GRAND AVE
DES MOINES IA 50312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *7/3/2000*
CITY-ST-ZIP

TITLE NAME M ☐ Delete
STREET ADDRESS THE GRAHAM GROUP, INC.
CITY-ST-ZIP 910 GRAND AVE
DES MOINES IA 50309

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003179728--?
CITY-ST-ZIP -03/22/00--01041--022
*****50.00 *****50.00

TITLE NAME M ☐ Delete
STREET ADDRESS MCGARVEY, JOHN H
CITY-ST-ZIP 418 6TH AVE STE 240
DES MOINES IA 50309

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

TITLE NAME M ☐ Delete
STREET ADDRESS CRUGER, F CHRISTOPHER
CITY-ST-ZIP 660 FOSTER DR
DES MOINES IA 50312

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 109 Paddock Place
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE NAME M ☐ Delete
STREET ADDRESS LACERENZA, JIM
CITY-ST-ZIP P.O. BOX 5069
ST. AUGUSTINE FL 32085

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

TITLE NAME M ☐ Delete
STREET ADDRESS MILLIGAN, GEORGE D.
CITY-ST-ZIP 910 GRAND AVENUE
DES MOINES IA 50309

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jim Lacerenza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

3/22/00

Daytime Phone #

CR2E083 (9/99)