

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00600

1. Entity Name
DOMINEX, L.C.

APPROVED
AND
FILED

01 APR 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6270 COUNTY ROAD 305 SOUTH
ELKTON FL 32033

Mailing Address
P.O. BOX 5069
ST. AUGUSTINE FL 32085



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

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

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

TITLE ☐ Change ☐ Addition
NAME 800004191778--4
STREET ADDRESS -05/09/01--01131--001
CITY-ST-ZIP *****55.00 *****55.00

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

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

TITLE M ☐ Delete
NAME CRUGER, F CHRISTOPHER
STREET ADDRESS 109 PADDOCK PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/01 904 692-1348

0001983 AF

CR2E083 (11/00)