

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90372 045 \*\*\*\*50.00

**DOCUMENT # Z00600**

1. Entity Name

**DOMINEX, L.C.**

Principal Place of Business

**6270 COUNTY ROAD 305 SOUTH  
 ELKTON FL 32033**

Mailing Address

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

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

**42-1388608**

Applied For

Not Applicable

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)

**110 Ocean Hollow Lane Unit 115**

City

**St Augustine**

FL

Zip Code

**32084**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Jim Lacerenza*

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

Date

**4/24/02**

Daytime Phone #

**904-692-1348**

CR2E083 (9/01)