

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323298

1. Entity Name
DIXIE METAL PRODUCTS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90004 047 ***150.00

Principal Place of Business
442 S.W. 54TH COURT
OCALA FL 34474
US

Mailing Address
442 S.W. 54TH COURT
OCALA FL 34474-1893
US



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 59-1196205

Applied For
Not Applicable

Zip

Country

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

SCHNORR, JOHN L, JR.
442 S.W. 54TH COURT
OCALA FL 34474

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYZNY, MARK 1471 NEPTUNE DRIVE BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNORR, J PHILIP 1471 NEPTUNE DRIVE BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHNORR, JOHN L JR 1471 NEPTUNE DRIVE BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUSANO, GUY 1471 NEPTUNE DRIVE BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, JAMES 1471 NEPTUNE DRIVE BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00 352-873-2554

CR2E034 (9/99)