

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91541 004 \*\*\*150.00

**DOCUMENT # P94000030910**

**1. Entity Name**  
**DIXIE INVESTMENTS, INC.**

**Principal Place of Business**

**3050 68 AVE NE  
 NAPLES FL 34120**

**Mailing Address**

**3050 68 AVE NE  
 NAPLES FL 34120**

**2. Principal Place of Business**

**3420 72<sup>nd</sup> AVE NE**

**3. Mailing Address**

**3420 72<sup>nd</sup> AVE NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Naples FL 34120**

**City & State**

**Naples FL 34120**

**Zip**

**34120**

**Country**

**FL**

**Zip**

**34120**

**Country**

**FL**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0490018**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**DIXON, EDDA F  
 17101 NW 18TH AVE  
 MIAMI FL 33056**

**7. Name and Address of New Registered Agent**

**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, 2002 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**

**TITLE** **DP** ☐ Delete  
**NAME** **FOULKES-DIXON, EDDA**  
**STREET ADDRESS** **17101 NW 18TH AVE**  
**CITY-ST-ZIP** **MIAMI FL 33056**

**TITLE** **V** ☐ Delete  
**NAME** **DIXON, CHAPLIN E JR**  
**STREET ADDRESS** **17101 NW 18TH AVE**  
**CITY-ST-ZIP** **MIAMI FL 33056**

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**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:** *Edna Foulkes-Dixon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**  
 Date

Daytime Phone #

CR2E034 (9/01)