2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am Secretary of State **DOCUMENT#** P01000075504 1. Entity Name 09-11-2002 90125 046 ***150.00 WINSTON DIXON, P.A. Principal Place of Business Mailing Address 3120 NORTH 72ND TERR 3120 NORTH 72ND TERR HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, WINSTON Street Address (P.O. Box Number is Not Acceptable) 3120 NORTH 72ND TERR HOLLYWOOD FL 33024 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. I am familiar with, and accept the obligations of registered agent. '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 \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD E034 (4/02) Delete TITLE ☐ Change Addition DIXON, WINSTON NAME NAME STREET ADDRESS 3120 NORTH 72ND TERR STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Attachment

979655

BETTER INCOME TAX SERVICE

660 W OAKLAND PARK BOULEVARD FT LAUDERDALE, FL 33311

Phone (954)561-1040 Fax (954) 561-1041

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT P O BOX 1500 TALLAHASSEE FL 32302-1500

RE: WINSTON DIXON PA

65-1125941 P01000075504

PLEASE BE ADVISED THAT THE ABOVE NAMED CORPORATION IS NEW. THE TAXPAYER DID NOT KNOW ABOUT THE UBR NOR DID HE EXPECT IT. HE *DID NOT* RECEIVE THE ORIGINAL REPORT THE BEGINNING OF THE YEAR. OTHERWISE HE WOULD HAVE PAID THE \$150.

WE HAVE INCLUDED \$150 AND REQUEST THAT YOU CONSIDER ACCEPTING THIS FEE. IF NOT, PLEASE ADVISE THE TAXPAYER AND HE WILL REMIT THE ADDITIONAL \$400.

PLEASE ADVISE.

VERY TREULY YOURS,

APRIL PEACH ACCOUNTANT