FILED Jan 09, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 267188 1. Entity Name DIXIE FENCE CO., INC.				Secretary of State 01-09-2003 90053 028 ***150.00		
Principal Place of Business Mailing Address 8460 SW 48 ST. 8460 SW 48 ST. MIAMI FL 33155 MIAMI FL 33155						
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc					☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State	City & State		4. FEI Number 59-1025370 Applied For Not Applicable	
Zip	Country	Zip	Country	·	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
BLIZZARD, VIRGINIA 8460 SW 48 ST. MIAMI FL 33155			Street	Street Address (PO. Box Number is Not Acceptable)		
The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent.			City registered office	or registere	FL Zip Code ed agent, or both, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required v		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLIZZARD, JAMES 5860 S.W. 90TH CT. MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS City-St-Zip	S BLIZZARD, SUSAN J 3057 DOVE WAY DECATUR GA 30033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	538	AND, SUSAN J Change Addition 5 PEACHTREE DUN WOODY RD #113 ANTA, GA 30342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLIZZARD, VIRGINIA T 8460 SW 48 ST. MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Change _ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE AME TREET ADDRESS		☐ Delete	TITLE NAME		☐ Change ☐ Addition	

12. 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MALE OF SIGNING OFFICER OR DIRECTOR

//7/83 (770)804-578

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