2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 30, 2001 8:00 am **DOCUMENT # 271385** Secretary of State 1. Entity Name DIXIE GARDEN SUPPLY, INC. 03-30-2001 90340 038 ***150.00 Principal Place of Business Mailing Address 17901 NW 137TH AVE 17801 NW 137TH AVE 00029862 HIALEAH FL 33018 HIALEAH FL 33018 ЦŚ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1009058 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATCHELOR ANDREW J Street Address (P.O. Box Number is Not Acceptable) 17801 NW 137TH AVE. HIALEAH FL 33018 Zin Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITI F ☐ Delete TITLE BATCHELOR, J S NAME STREET ADDRESS STREET ADDRESS 8318 DUNDEE TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 0 ☐ Delete Change TITLE ☐ Addition TITLE NAME BATCHELOR, ANDREW J NAME STREET ADDRESS STREET ADDRESS 17801 NW 137TH AVE CITY-ST-7IP CITY-ST-ZIP HIALEAH, FL O ☐ Delete Change ☐ Addition TITLE TITLE NAME BATCHELOR, ELLEN'K" NAME STREET ADDRESS 17801 NW 137TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 00000 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attact nent with an address, with all other like empowered