

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90019 014 \*\*\*150.00

**DOCUMENT # 334111**

1. Entity Name

**BIX ENTERPRISES, INC.**

Principal Place of Business

36 CATFISH LANE  
P O BOX 1725  
LAKE PLACID FL 33852

Mailing Address

FRANCES J BIXLER  
7104 ST ANDREWS LANE  
SARASOTA FL 34243-3815  
US

2. Principal Place of Business

810-136th St E

Suite, Apt. #, etc.

3. Mailing Address

810-136th St E

Suite, Apt. #, etc.

City & State

Bradenton Fla

Zip

34202

Country

Monastie

City & State

Bradenton Fla

Zip

34202

Country

Monastie

4. FEI Number

59-2678961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIXLER, FRANCES J.  
36 CATFISH LANE  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Frances J Bixler

Street Address (P.O. Box Number is Not Acceptable)

810-136th St E

City

Bradenton

FL

Zip Code

34202

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

Frances J Bixler

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BIXLER, FRANCIS J	
STREET ADDRESS	36 CATFISH LANE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIXLER, BILLY B	
STREET ADDRESS	36 CATFISH LANE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BIXLER, BILLY B	
STREET ADDRESS	36 CATFISH LANE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES J Bixler	
STREET ADDRESS	810-136th St E	
CITY-ST-ZIP	Bradenton Fla 34202	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy B Bixler	
STREET ADDRESS	810-136th St E	
CITY-ST-ZIP	Bradenton Fla 34202	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy B Bixler	
STREET ADDRESS	810-136th St E	
CITY-ST-ZIP	Bradenton Fla 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

Frances J Bixler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000

Date

9417440525

Daytime Phone #