

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531148

1. Entity Name

JIM'S FRIED CHICKEN, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90080 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1518 GARY ST  
JACKSONVILLE FL 32207  
US

1518 GARY ST  
JACKSONVILLE FL 32207-8615  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1739032

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSANE F. DIXON  
6455 BAHIA RD.  
JACKSONVILLE FL 32043

Name Mark T. Dixon Sr.  
Street Address (P.O. Box number is Not Acceptable)  
12371 Bluesstream Dr  
Jacksonville  
City FL Zip Code 32224

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

Mark T. Dixon Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, JAMES E.	
STREET ADDRESS	6455 BAHIA RD.	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, EVELYN F.	
STREET ADDRESS	6455 BAHIA RD.	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, MARSANE F.	
STREET ADDRESS	12735 AGATITE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, EVELYN F.	
STREET ADDRESS	6455 BAHIA RD.	
CITY-ST-ZIP	GREEN COVE SPGS 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark T. Dixon Sr.	
STREET ADDRESS	12371 Bluesstream Dr	
CITY-ST-ZIP	Jax Fl. 32224	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark T. Dixon Sr. 04/26/00 (904) 398-0002