FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State **DOCUMENT # 609626** 1. Entity Name DIXIE SALES CORPORATION 05-03-2000 90112 018 ***150.00 Principal Place of Business Mailing Address

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Celete

🔀 Delete

☐ Delete

Delete

1750 W BROADWAY ST

OVIEDO FL 32765-9618

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered agr

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

STE 220

U\$

ST										
 B				105/1083						
1				COS\$1083						
	<u>.</u>									
	· · ·				DO NOT WRITE	E IN THI	S SP	ACE		
			4. 1	FEI Number	59-1885431				plied For t Applicable	<u>_</u>
	Country			5. Certificate of Status Desired S8.75 Addition Fee Required					litional	7
			7. !	7. Name and Address of New Registered Agent						
		Name	DIETR	ICH, L	ISA M					ĺ
		Street A	ddress (P.O. B	lox Nurfiper is	Not Acceptable)	BD			 	7
				1100		NV.				7
City C N W			HULLIC	אדמ		F	L	Zip Code	166	7
ng its	registere	ed office or	registered ag	ent, or both,	in the State of Flor	ida.		-	<u> </u>	
(NOT	Registere	d Agent signati	ure required when re	einstating)		DATE	:			
OW!!! FEE IS \$150.00 1, 2000 Fee will be \$550.00 ayable to Department of Sta			550.00	10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fer				O May Be to Fees]	
<u> </u>	12.			DITIONS/CH	HANGES TO OFFIC	CERS A	ND E	IRECTOR:	S IN 11	\dashv
	TITLE	TITLE					[Change	☐ Addition	7
	NAME STREET ADDRESS CITY-ST-ZIP									
										╛
_	TITLE						[Change	☐ Addition	'
	NAME STREET ADDRESS		ĺ							1
	CITY	-ST-ZIP	ļ							\downarrow
	TITLE NAME						[) Change	☐ Addition	+
STREET A		ET ADDRESS		_						١
								7.0	- Addition	\dashv
	TITLÉ NAME						l	Change	☐ Addition	
	STRE	ET ADDRESS	}							
	CITY	-ST-ZIP	V/C			_	(Change	Addition	+
	NAM	Ε	DIE	TRICH	LISA N S CREEK	l.	'		Was a sound	
	STREET ADDRESS 2		12276	MILL	s creek	KY.	_			

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 byort is true and accurate and final 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 application.

SIGNATURE:

1750 W BROADWAY ST

2. Principal Place of Business

DIETRICH, LISA M 22765 MILLS CREEK RD CHULUOTA FL 32765

9. This corporation is eligible to satisfy its Intangible

CONLEY, JOHNIE W.

636 S. LAKE JESSUP

2276 MILLS CREEK ROAD

CONLEY, GLENDA M.

636 S. LAKE JESSUP

15445 STAPLETON WAY.

WELSH, DALTON

WELLINGTON FL

DIETRICH, MARK

CHULUOTA FL

OVIEDO FL

Tax filing requirement and elects to do so.

(See criteria on back)

PhV

STD

OVIEDO FL

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

OVIEDO FL 32765

STE 220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnie W. Conley 4-28

Change

☐ Addition