

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668651

1. Entity Name

DIXIE TOWING CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90086 036 ***150.00

Principal Place of Business

2120 CORPORATE SO BLVD
SUITE 17
JACKSONVILLE FL 32216
US

Mailing Address

2120 CORPORATE SO BLVD
SUITE 17
JACKSONVILLE FL 32250-7469
US

2. Principal Place of Business

1825-B N. 3RD STREET
Suite, Apt. #, etc.

3. Mailing Address

1825-B N. 3RD STREET
Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

4. FEI Number

59-1992754

Applied For

Not Applicable

Zip

Country

32250

DUVAL

Zip

Country

32250

DUVAL

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

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE FL 32202

Name
ROBERT K. GIBBS

Street Address (P.O. Box Number is Not Acceptable)
1825-B N. 3RD STREET

City
JACKSONVILLE BEACH

FL

Zip Code
32250

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

ROBERT K. GIBBS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBS, ROBERT K	
STREET ADDRESS	110 BRYAN ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2051 VELA NORTE CIRCLE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
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		
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 empower.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/249-1312

CR2E034 (9/99)