

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90186 035 ****61.25

DOCUMENT # 719237

1. Entity Name

~~LOWER PINELLAS REACT TEAM, INC.~~ **Dixie REACT, Inc.**

Principal Place of Business

Mailing Address

P.O. BOX 157
 OLD TOWN FL 32680-0157
 US

P.O. BOX 389
 OLD TOWN FL 32630-0389
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6202756

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOCCIA, SANDRA T
FOX SQUIRREL LANE AT FAWN PLACE
OLD TOWN FL 32680

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, pr both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra T. Moccia

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

(NOTE: Registered Agent signature required when reinstating)

July 8, 2002

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SHANER, KIM**
 CITY-ST-ZIP **P.O. BOX 3058**
PINELLAS PARK FL 33780-3058

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **LOMBARDO, RAY**
 CITY-ST-ZIP **2594-1/2 32ND AVE N.**
SAINT PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MOCCIA, ALBERT J., JR.**
 CITY-ST-ZIP **P.O. BOX 157**
OLD TOWN FL 32680-0157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHENEY, RON**
 CITY-ST-ZIP **HC5 BOX 954**
OLD TOWN FL 32680

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STEPHENS, ELIZABETH**
 CITY-ST-ZIP **3600 OAK MANOR LANE #2**
LARGO FL 33774

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **MOCCIA, SANDRA T**
 CITY-ST-ZIP **P.O. BOX 157**
OLD TOWN FL 32680-0157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **SANDRA T. MOCCIA 7/12/02 352-542-0252**

CR2E037 (4/02)

Attachment
Doc # 719237
120216
July 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Lower Pinellas REACT Team, Inc.
FEI: 59-6202756

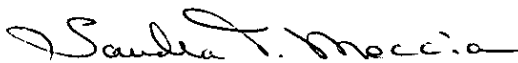
Dear Sirs:

Enclosed is our UBR for 2002. This is the first notice we have received this year.

Also enclosed is a check in the amount of \$61.25.

We attempted to telephone, but received "This number is not in service" (850/488-9000) and also to reach you by e-mail (corphelp@mail.dos.state.fl.us) and was told "You are not authorized to view this page". ???

Very truly yours,



Sandra T. Moccia
Secretary

P.O. Box 389
Old Town, FL 32680-0389
352/542-0252

Enclosures