


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90535 011 \*\*\*\*61.25

<b>DOCUMENT # 719237</b>					
1. Entity Name <b>DIXIE REACT, INC.</b>					
Principal Place of Business P.O. BOX 157 OLD TOWN FL 32680-0157 US			Mailing Address 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 <b>59-6202756</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOCCIA, SANDRA T</b> <b>FOX SQUIRREL LANE AT FAWN PLACE</b> <b>OLD TOWN FL 32680</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHANER, KIM</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 3058</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK FL 33780-3058</b>		CITY-ST-ZIP		
TITLE	<b>V.D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOMBARDO, RAY</b>		NAME		
STREET ADDRESS	<b>2594-1/2 32ND AVE N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOCCIA, ALBERT J., JR.</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 157</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OLD TOWN FL 32680-0157</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHENEY, RON</b>		NAME		
STREET ADDRESS	<b>HCS BOX 954</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OLD TOWN FL 32680</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPHENS, ELIZABETH</b>		NAME		
STREET ADDRESS	<b>3600 OAK MANOR LANE #2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LARGO FL 33774</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOCCIA, SANDRA T</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 157</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OLD TOWN FL 32680-0157</b>		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: <b>SANDRA T. MOCCIA BEAUVIS</b> <i>Sandra T. Moccia</i> <b>Jan. 20, 2003</b> <sup>352/</sup> <sub>542-0252</sub>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/02)