

# 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

**DOCUMENT # 719237**

1. Entity Name

**DIXIE REACT, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **59-6202756**

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

**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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE **S** ☐ Delete  
NAME **MOCCIA, SANDRA T**  
STREET ADDRESS **P.O. BOX 157**  
CITY-ST-ZIP **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: SANDRA T. MOCCIA** *Sandra T. Moccia* **Jan. 20, 2003** **542-0252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)