

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004805

1. Entity Name

DIXIE TRADING CORPORATION

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 008 ***550.00

Principal Place of Business

1700 HARBOR OAKS PLACE
MERRITT ISLAND FL 32952-2901
US

Mailing Address

1700 HARBOR OAKS PLACE
MERRITT ISLAND FL 32952-2901
US

2. Principal Place of Business

357 IMPERIAL BLVD

3. Mailing Address

P.O. Box 0657

Suite, Apt. #, etc.

BLDG. D-8

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL

City & State

CAPE CANAVERAL FL

Zip

32920

Country

USA

Zip

32920-0657

Country

USA

4. FEI Number

72-1300014

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

BORRESEN, LEIF J
1700 HARBOR OAKS PLACE
MERRITT ISLAND FL 32952

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVCT
BORRESEN, LEIF J
1700 HARBOR OAKS PLACE
MERRITT ISLAND FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCS
LUDVIGSEN, VIDAR S
3140 LAKE TRAIL DRIVE
METAIRIE LA 70003

☐ Delete

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/5.00 3217838859

CR2E034 (9/95)