2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G52850 **DOCUMENT #**

1. Entity Name

DIXIE MAINTENANCE, INC.



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90139 040 ***150.00

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Principal Plac	e of Business		Mailing Address % SHARON C. LEWIS						
4522 STATE F			E ROAD 545		-	A. C.	- Allertin		
	EN FL 34787-9793		ARDEN FL 34787-9	793			0(0)) 0000 0100 0100 0	INTERNATION INCOME	
WALL OUR	The second of th						<u> </u>		
2 Principal P	Place of Business	3. Mailing	Address		\dashv		Bibil Dien Bibil Bibil Bi		
z. Thicpart	lace of Business	o. Maining	, radiooo						
Suite, Apt. #, etc. Suite, Apt. #, etc.				-A-1	-				
Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES			
City & State City & State			tate	te		4. FEI Number 50 0004440		oplied For	
City di State			Only a charc		4. FEI Number 59-2331,440			ot Applicable	
Zip	Country		Zip Cou				\$ 8.75 Add		
2.0	Country	1 2.6		,		5. Certificate of Status Desired		d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	o. Italio and Addices of Calif	one magnetare and	34	Name					
LEWIS, WILLIAM C, III						1			
			Street Addres			s (P.O. Box Number is Not Acceptable)			
	TE ROAD 545								
WINTER G	iarden fl 34787					•			
				City			Zip Cod	e	
3	, A					1			
	named entity submits this stateme tions of registered agent.	nt for the purpose	of changing its reg	gistered office or regis	stered ag	gent, or both, in the State of Florida.	I am familiar with,	and accept	
•		;							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	e. (NOTE: Re	egistered Agent signature requ	ired when r	reinstating)	DATE		
`		-	-			1			
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financi	ng \$5.0	00 May Be	
	r Máy 1, 2003 Fee will be \$550.					Trust Fund Contribution.		d to Fees	
Make Checi	k Payable to Florida Departmer	nt of State							
10.	OFFICERS A	ND DIRECTORS		11	ΑE	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE	P		☐ Delete	TITLE			· Change	☐ Addition	
NAME	LEWIS, SHARON _, C.			NAME					
STREET ADDRESS	4522 STATE ROAD 545			STREET ADDRESS			•	ļ	
CITY-ST-ZIP	WINTER GARDEN FL			CITY-ST-ZIP					
TITLE	VP		☐ Delete	TITLE			☐ Change	Addition	
NAME	LEWIS, WARREN A			NAME					
STREET ADDRESS	4305 AVALON RD			STREET ADDRESS		₹		1	
CITY-ST-ZIP	WINTER GDN FL			CITY-ST-ZIP		`:		1	
TITLE	VPD		☐ Delete	TITLE			Change	Addition	
NAME	LEWIS, WILLIAM C III		L Delete	NAME		A STATE OF THE STA			
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CITY-ST-ZIP	WINTER GARDEN FL			CITY-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				·	
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CITY-ST-ZIP				CITY-ST-ZIP		transfer to the second			
TITLE			☐ Delete	TITLE			Change	☐ Addition	
NAME				NAME				1	
STREET ADDRESS				STREET ADDRESS				`	
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby	certify that the information supplied	with this filing doe	es not qualify for the	e exemption stated in	Section	119.07(3)(i), Florida Statutes. I furti	ner certify that the i	nformation	
indicated	on this report or cupolomental rep	art in true and aga	urota and that my	alanat va aball baya ti	20.0000	local offect on if made under eath:	that I am an officer	or director	

indicated on this report or supplies remained report is true and accordance and traiting signature sharmave the same legal effect as it made under oath; that it am an officer of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.