

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90490 007 ***150.00

DOCUMENT # H78505

1. Entity Name

CHIP DIXON & COMPANY, INC.

Principal Place of Business

**811 N MAGNOLIA AVE
ORLANDO FL 32803
US**

Mailing Address

**811 N MAGNOLIA AVE
ORLANDO FL 32803
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2579719**

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****DIXON, JAMES T.
1411 EDGEWATER DR #102
ORLANDO FL 32804**

Name

Dixon, James T.

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

811 N. Magnolia Ave

City

*Orlando***FL**

Zip Code

32803

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

James T. Dixon

(NOTE: Registered Agent signature required when reinstating)

3/7/2001

DATE

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, 2001 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	<input type="checkbox"/> Delete
	DP			
	DIXON, JAMES T.	811 N. MAGNOLIA AVE	ORLANDO FL 32803	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

3/7/2001

Date

407-648-4105

Daytime Phone #

CR2E034 (10/00)