

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90111 047 *****50.00

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DOCUMENT # L02000019771

1. Entity Name

DIX UNLIMITED, LLC



Principal Place of Business

**330 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750**

Mailing Address

**330 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750**

2. Principal Place of Business

220 East Central Parkway

3. Mailing Address

220 East Central Parkway

Suite, Apt. #, etc.

Suite 1020

Suite, Apt. #, etc.

Suite 1020

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Zip

32701

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02 0637674

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

**1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

JACK W. DICKS

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

220 East Central Parkway

Suite 1020

City

Altamonte Sp.

FL

Zip Code

32701

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

JACK DICKS

4/15/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DICKS, J. W.**
STREET ADDRESS **330 CROWN OAK CENTRE DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **ST** ☐ Delete
NAME **DICKS, J. W.**
STREET ADDRESS **330 CROWN OAK CENTRE DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/15/03

407 3754141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)