

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90163 013 ***150.00

DOCUMENT # L82102

1. Entity Name
DIXON'S DYNAMIC DESIGNS, INC.



Principal Place of Business
**4187 DAIRY CT
PT ORANGE FL 32127
US**

Mailing Address
**4187 DAIRY CT
PT ORANGE FL 32127
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 **59-3072772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIXON, CHARLES T
4187 DAIRY CT
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DIXON, CHARLES T**
STREET ADDRESS **4187 DAIRY CT**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **D** ☐ Delete
NAME **DIXON, DEBORAH M**
STREET ADDRESS **4187 DAIRY CT**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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.

SIGNATURE: *Signature of Charles T. Dixon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 90141959

Dynamic Designs

...Our Name Describes Our Work™

4187 Dairy Court, #C ■ Port Orange, Florida, 32127 ■ (904) 788-0097 ■ Fax:
(904) 322-4150

July 10, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document #L82102
Dixon's Dynamic Designs

Dear Sirs:

I am at this time filing the above Document L82102 with the State of Florida, as this is the first and only notification form I have received from the State of Florida. Normally I would have filed online, however to do so I would have needed the special code listed on my registered form. So at this time I am enclosing the original fee of \$150.00 to the State of Florida, considering the fact I could not file this form properly without receiving the form prior to July 9, 2003.

Sincerely,


Deborah Dixon, Office Manager/Director

—Enclosed:—Document L82102
Check #1245 - \$150.00