5/10/01-90229-

5/1

FILED
Sep 19, 2001 8:00 am
Secretary of State
05-10-2001 90229 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005676

1. Entity Name
DIXIE PALM CORPORATION

Principal Place of Business	Mailing Address
4555 49TH AVENUE VERO BEACH FL 32967	4555 49TH AVENUE VERO BEACH FL 32967

[redacted]

DO NOT WRITE IN THIS SPACE

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 650992620 ☐ 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
HOLT, WILLIAM 1850 40TH AVENUE UNIT B-302 VERO BEACH FL 32960	Name CLIFFORD FERGUSON Street Address (P.O. Box Number is Not Acceptable) 4865 33 Ave City Vero Beach FL Zip Code 32967

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: Clifford Ferguson 4/29/01
(Signature required when filing a Registered Agent and also if applicable) NOTE: Registered Agent signature required when reinstating 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	Winston Brown 4555 49th Ave Vero Beach FL 32967	☐ Delete	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Winston Brown 4555 49th Ave Vero Beach FL 32967	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Winston Brown 4/29/2001 561-778-6658
(Signature must be TYPED or PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #