

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90014 001 ***150.00
02-02-2001 90014 002 *****8.75

DOCUMENT # P00000011452

1. Entity Name
DIXON EYECARE, P.A.

Principal Place of Business
**1590 DUNLAWTON AVE.
PT. ORANGE FL 32127**

Mailing Address
**109 EAST SEA DUCK CIR.
DAYTONA BEACH FL 32119**

2. Principal Place of Business

229 W NewHaven Ave
Suite, Apt. #, etc.

3. Mailing Address

1108 Sioux Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
West Melbourne, FL

Zip
32904

Country
USA

City & State
Indian Harbor Bch, FL

Zip
32937

Country
USA

4. FEI Number
593-62-3315

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

**DIXON, VICTORIA C O.D.
1590 DUNLAWTON AVE.
PT. ORANGE FL 32127**

Name
Dixon, Victoria C O.D.

Street Address (P.O. Box Number is Not Acceptable)
1108 SIoux DRIVE

City
Indian Harbor Beach, FL

Zip Code
32937

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 *Victoria C. Dixon* **Victoria C. Dixon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-01

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
D
NAME
DIXON, VICTORIA C O.D.
STREET ADDRESS
109 EAST SEA DUCK CIR.
CITY-ST-ZIP
DAYTONA BEACH FL 32119

☐ Delete

TITLE
President
NAME
Dixon, Victoria C O.D.
STREET ADDRESS
1108 SIoux DRIVE
CITY-ST-ZIP
Indian Harbor Beach, FL 32937

☒ Change ☐ Addition

TITLE
~~President~~
NAME
~~Dixon, Victoria C O.D.~~
STREET ADDRESS
~~1108 SIoux DRIVE~~
CITY-ST-ZIP
~~Indian Harbor Bch, FL 32937~~

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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: *Victoria C. Dixon* **Victoria DIXON** **01-14-01 (321) 777-9238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)