

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90115 048 \*\*\*155.00

0512537

**DOCUMENT # P00000037470**

1. Entity Name

**FEDERAL GUARD DOG SERVICE, INC.**

Principal Place of Business

**5840 CORPORATE WAY  
 SUITE 200  
 WEST PALM BEACH FL 33407**

Mailing Address

**5840 CORPORATE WAY  
 SUITE 200  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

**1025 Bertha ST.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 6653**

Suite, Apt. #, etc.

City & State

**Lake worth FL.**

City & State

**lake worth FL.**

4. FEI Number

**650946438**

Applied For

Not Applicable

Zip

**33461**

Country

**U.P.B.**

Zip

**33466**

Country

**U.P.B.**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, DENNIS  
 5840 CORPORATE WAY  
 SUITE 200  
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **Dennis Dixon**

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

**1025 Bertha ST.**

City **Lake worth**

**FL**

Zip Code **33461**

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

*Dennis Dixon*

Signature, typed or printed name of registered agent and title 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

TITLE **President** ☐ Delete  
 NAME **Dennis J. Dixon**  
 STREET ADDRESS **1025 Bertha ST.**  
 CITY-ST-ZIP **Lake worth FL 33461**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Dennis J. Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/21/01**

Date

**(561) 641-5224**

Daytime Phone #

CR2E034 (10/00)