

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90119 042 ***150.00

DOCUMENT # P00000047936

1. Entity Name

THOMAS DIXON BUILDERS, INC

Principal Place of Business

**4922 CORBETT RD
LAKE WORTH FL 33463**

Mailing Address

**4922 CORBETT RD
LAKE WORTH FL 33463**

2. Principal Place of Business

41633 C.R. 452

Suite, Apt. #, etc.

3. Mailing Address

41633 C.R. 452

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

65-1007588

Applied For

☒ Not Applicable

Zip

34788

Country

USA

Zip

34788

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, THOMAS
4922 CORBETT RD
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name **DIXON, PATRICIA**

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

41633 C.R. 452

City

Leesburg

FL

Zip Code

34788

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

Patricia Dixon

3/12/01

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 **D** ☒ Delete
NAME **DIXON, THOMAS**
STREET ADDRESS **4922 CORBETT RD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DIXON, PATRICIA**
STREET ADDRESS **41633 C.R. 452**
CITY-ST-ZIP **Leesburg, FL 34788**

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

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

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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:

Patricia Dixon

PATRICIA DIXON

3/12/01

352-771-5695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0319741