
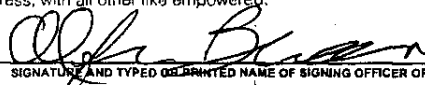


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90708 047 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000050499			
1. Entity Name DOWNTOWN DIXIE DEVELOPMENT INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 164 BENT TREE DRIVE Suite, Apt. #, etc.		3. Mailing Address 164 BENT TREE DRIVE Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL	
Zip 33418		Zip 33418	
Country USA		Country USA	
4. FEI Number 65-1052552		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name ALFRED BROWN			
Street Address (P.O. Box Number is Not Acceptable) 164 BENT TREE DRIVE			
City PALM BEACH GARDENS FL			
Zip Code 33418			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD RAVUCI, PAUL 164 BENT TREE DRIVE PALM BEACH GARDENS FL 33418			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD ROMAN, DAVID 164 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
STD BROWN, ALFRED 164 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/30/03 (561)433-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)