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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am DOCUMENT # P0000078534 **Secretary of State** 1. Entity Name 03-16-2001 90034 005 ***150.00 DIXON MOVING & STORAGE, INC. Principal Place of Business Mailing Address 1696 OLD OKEECHOBEE RD., #3B 1696 OLD OKEECHOBEE RD., #3B WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0719126 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIXON, HERBY B Street Address (P.O. Box Number is Not Acceptable) 1696 OLD OKEECHOBEE RD., #3B WEST PALM BEACH FL 33409 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00 Herby Dixon NAME NAME P.O. Box 6960 STREET ADDRESS STREET ADDRESS West Palm Beach, Fl. 33405 CITY-ST-ZIP CITY-ST-ZIP **VPST** TITLE ☐ Change ☐ Addition TITLE ☐ Delete Wendy H. Dixon NAME NAME P.O. Box 6960 STREET ADDRESS STREET ADDRESS West Palm Beach, Fl. 33405 CITY-ST-ZIP CITY-ST-ZIP Delete 🛶 🗀 ☐ Change ☐ Addition TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [1] Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling opes 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 41 other like empowered.

Secretary

SIGNATURE: