### EOR PROFIT CORPURATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

1. Entity Name

P00000078534

Dixon Moving & Storage. Inc.

# FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90063 036 \*\*\*150.00

#### DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 Old Okeechobee Rd. #3B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State_	City & State

DO NOT WRITE IN THIS SPACE

City & State West Palm Bea	ach, Fl.	City & State West Palm Bea	ch, Fl.	4. FEI Number 65-0719126	 Applied For Not Applicable
<sup>Zip</sup> 33409	Country Palm Beach	<sup>Zip</sup> 33409	Country <b>Palm</b> Beach	5. Certificate of Status Desired	\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent				
Name	Dixon, Herby B.	•.		
Street Ad	ddress (P.O. Box Number is Not 1696 Old Okeech	Acceptable)		
<del></del>	747	<del></del>	<del></del>	
City ,	0keechobee	FL	Zip Code 33409	

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9. This corporation is eligible to satisfy its Intangible

Herby B. Dixon, President

Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 Dixon, Herby P.O. Box 6960 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm Beach, Fl. 33405 CITY-ST-ZIP VPST TITLE Dixon, Wendy H. NAME P.O. Box 6960 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm Beach, Fl. 33405 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE:

O'Wendy H. Dixon, Secretary IGNING OFFICER OR DIRECTOR

<sup>13.</sup> I hereby certify that the information sapplied 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 in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an addre