

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90143 035 \*\*\*150.00

**DOCUMENT # P01000006693**

1. Entity Name  
**DIXIE REALTY GROUP, INC.**



Principal Place of Business  
**809 S RIVERSIDE DR  
POMPANO BEACH FL 33062**

Mailing Address  
**809 S RIVERSIDE DR  
POMPANO BEACH FL 33062**



2. Principal Place of Business  
**3011 NE 21<sup>ST</sup> AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3011 NE 21<sup>ST</sup> AVE.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lighthouse Point, FL**  
Zip  
**33064**

City & State  
**Lighthouse Point, FL.**  
Zip  
**33064**

4. FEI Number  
**65-1068636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLANGELO, ANTHONY  
809 S RIVERSIDE DR  
POMPANO BEACH FL 33062**

**7. Name and Address of New Registered Agent**

Name **ANTHONY COLANGELO**  
Street Address (P.O. Box Number is Not Acceptable)  
**3011 NE 21<sup>ST</sup> AVE**  
City **Lighthouse Point FL** Zip Code **33064**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **COLANGELO, ANTHONY**  
STREET ADDRESS **809 S RIVERSIDE DR**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
NAME **3011 NE 21<sup>ST</sup> AVE.**  
STREET ADDRESS  
CITY-ST-ZIP **Lighthouse Point, FL. 33064**

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2/7/03**

CR2E034 (10/02)