

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90331 001 ***150.00

05/14/02 AV

DOCUMENT # P01000079335

1. Entity Name

MASON DIXON CONTRACTING, INC.

Principal Place of Business

**12110 S. US HWY 441
 BELLEVUE FL 34420**

Mailing Address

**12110 S. US HWY 441
 BELLEVUE FL 34420**

2. Principal Place of Business

12106 S. US HWY 441

3. Mailing Address

12106 S. US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellview FL

City & State

Bellview FL

Zip

Country

34420

Zip

Country

34420

4. FEI Number

59-3450065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SUMMERS, GARY L
 WILLIAMS, SMITH & SUMMERS, P.A.
 380 W ALFRED ST
 TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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, ANDREW M**
 STREET ADDRESS **12110 S. US HWY 441**
 CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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, Andrew**
 STREET ADDRESS **12106 S. US HWY 441**
 CITY-ST-ZIP **Bellview, FL 34420**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

352-267-4206

Daytime Phone #

CR2E034 (9/01)