

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90573 007 \*\*\*150.00

**DOCUMENT # P01000097140**

1. Entity Name  
**DIXON BUILDERS, INC.**

Principal Place of Business  
**10090 BOYNTON PLACE CIRCLE  
 BOYNTON BEACH FL 33437**

Mailing Address  
**10090 BOYNTON PLACE CIRCLE  
 BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10090 Boynton Place Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10090 Boynton Place Circle**  
 Suite, Apt. #, etc.

City & State  
**Boynton Beach**

City & State  
**Boynton Beach FL**

4. FEI Number  
**65-1143710**

Applied For  
 Not Applicable

Zip  
**FL**

Country  
**Palm Beach**

Zip  
**33437**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIXON, JAMES  
 10090 BOYNTON PLACE CIRCLE  
 BOYNTON BEACH FL 33437**

Name  
**James Dixon**  
 Street Address (P.O. Box Number is Not Acceptable)

**10090 Boynton Place Circle**  
 City **Boynton Beach** FL Zip Code **33437**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 DIXON, JAMES  
 10090 BOYNTON PLACE CIRCLE  
 BOYNTON BEACH FL 33437** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)