


FILED
Aug 01, 2005 08:00 AM
Secretary of State

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|---|--|---------|--|---|---|--|--|--|--|
| DOCUMENT # P02000039661 | | | |  | | Aug 01, 2005 08:00 AM | | Secretary of State | |
| 1. Entity Name DIXON'S TRUCKIN' OF FLORIDA, INC. | | | | | | | | | |
| Principal Place of Business 12092 SHELLNUT AVENUE PORT CHARLOTTE FL 33981 | | | | Mailing Address 12092 SHELLNUT AVENUE PORT CHARLOTTE FL 33981 | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite Apt. #, etc. | | | | 2nd MOORE CR2E034 (5/05) | |
| City & State | | | | City & State | | | | 4. FEI Number 02-0597095 | |
| Zip | | Country | | Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 S. INDIANA AVENUE ENGLEWOOD FL 34223 | | | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State | | | | | | | | | |
| S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | | | | | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete | | | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete | | | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| 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: <u>Michael Ray Dixon</u> MICHAEL RAY DIXON 7-28-05 941-456-4842 | | | | | | | | | |