

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-02-2003 90243 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063464

1. Entity Name  
DIXON WELDING, INC.



Principal Place of Business  
40716 STEWART ROAD  
DADE CITY FL 33525

Mailing Address  
40716 STEWART ROAD  
DADE CITY FL 33525

55044045



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1044752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AJVL, JONATHAN L  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY FL 33525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME  
P DIXON, PAUL A  
STREET ADDRESS 40716 STEWART ROAD  
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE NAME  
V CLINTON, STEPHEN E  
STREET ADDRESS 3808 BRAZIL STREET  
CITY-ST-ZIP ZEPHYRHILLS FL 36440 ☒ Delete

TITLE NAME  
ST DIXON, DONNA R  
STREET ADDRESS 40716 STEWART ROAD  
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

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 of Paul A. Dixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4-29-03

Date

Daytime Phone #

CR2E034 (10/02)