FILED May 02, 2003 8:00 am & Secretary of State

05-02-2003 90244 039 ***150 00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000110831

DOCUMENT #

1. Entity Name RODIX INVESTMEN	TS, INC.			05-02-2003 90244 039 ***150.00
Principal Place of Business 2508 BELLWOOD DRIVE BRANDON FL 33511 US		Aailing Address 2508 BELLWOOD DRIVE BRANDON FL 33511 US		
2. Principal Place of Business		3. Mailing Address		-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number
Zip(Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7				7. Name and Address of New Registered Agent
			Name	 :
Dixon, Brian K 2508 Bellwood Drive			Street Address	(P.O. Box Number is Not Acceptable)
BRANDON FL 33511				
			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 title 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		te		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P,T DIXON, BRIA 2508 BELLW BRANDON F	OOD DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP,S NAME DIXON, B. TI STREET ADDRESS CITY-ST-ZIP BRANDON F	OOD DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition