FILED

2001 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # P9300	Mar 29, 2001 8:00 am Secretary of State					
DIXIE BOX & CRATING OF FLO	RIDA, INC. JAN	Î 0 9 2001	į.	2-2001 90398 001		
Principal Place of Business	Mailing Address		-			
3017 E PRINCESS ANNE ROAD NORFOLK, VA 23504	NORFOLK, VA 23504			99341		
	>) (40 MA) AND (BOAR ENER DEED) A		. 31936 (8)) 1496	
2. Principal Place of Business	3. Mailing Address	3. Mailing Address				
Suite. Apt. #, etc.	Suite, Apt. #, etc.	•	DO NOT W	IRITE IN THIS SPACE	•	
City & State	City & State		4. FEI Number 54-16733		Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	¢0.75 .	dditional	
- 6 Name and Address of Co	urrent Registered Agent	Name	7. Name and Address of Nev	v Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Co	ode	
8. The above named entity submits this staten	nent for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of			
SIGNATURE		E: Registered Agent signature requi		DATE .		
This corporation is eligible to satisfy its Inta		!!! FEE IS \$150.00	led me.riensung)	DATE:		
Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20 Make Check Paya	101 Fee will be \$550.00 ble to Department of S	I Jaist Fund Confahu	· _ v.	00 May Be ed to Fees	
11. OFFICERS	AND DIRECTORS	12. TITLE	ADDITIONS/CHANGES TO O			
NAME FRASIER, CHARLES L STREET ADDRESS 645 NW 4TH AVE	يا ناوانان	NAME STREET ADDRESS CITY-ST-ZIP		Change	CP2E034 (10/00)	
TITLE V	Delete	TITLE	<u> </u>	Change	Addition C	
NAME : SANDERS, DONALD G. STREET ADDRESS GITY-ST-ZIP NORFOLK VA		NAME STREET ADDRESS CITY-ST-ZIP	•		3	
TITLE NAME	☐ Delete	TITLE		- Change	Addition	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP			- } -	
TITLE	☐ Defeite	TITLE		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,	NAME STREET ADDRESS	r			
TITLE	☐ Delete	CITY-ST-ZIP TITLE		. Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
13. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee changed, or on an attachment with an address.		the exemption stated in S				
SIGNATURE:	O OR PRINTED NAME OF SIGNING OFFICER O	CHARLES L	FRASIEK 3/5K) (954)533. Day(The Prone #	1901	

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