

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90072 001 ***400.00
09-15-2000 90072 002 ***150.00

DOCUMENT # P95000084587

1. Entity Name

DIXIE FARM GARDEN & DETAIL INC.

Principal Place of Business

126 N DIXIE HWY
HOLLYWOOD FL 33020
US

Mailing Address

126 NO. DIXIE HIGHWAY
HOLLYWOOD FL 33020-6704

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

59-1084006

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

FL

Zip Code

ENGLAND, LEON
126 N DIXIE HWY
HOLLYWOOD FL 33020

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CALTON, JULIAN
STREET ADDRESS 1120 NW 76TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME ENGLAND, LEON
STREET ADDRESS 126 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CALTON, DELORES
STREET ADDRESS 1120 NW 76TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ 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

07-24-00

954-922-4987

Date

Daytime Phone #

CR2E034 (5/00)