

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90011 049 ***158.75

DOCUMENT # **P96000030226**
 1. Entity Name
Dixon's Telecommunication Services, Inc.

Principal Place of Business Mailing Address
510 E. Minnesota Ave.
Macclenny, FL. 32063

80101451

2. Principal Place of Business **Same**
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **593374101**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corwin Dixon
510 E. Minnesota Ave.
Macclenny, FL. 32063

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
 TITLE NAME ☐ Delete
President / Secretary
Corwin Dixon
510 E. Minnesota Ave.
Macclenny, FL. 32063
 TITLE NAME ☐ Delete
Vice President / Treasurer
Jennifer Dixon
510 E. Minnesota Ave.
Macclenny, FL. 32063
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

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 **Jennifer Dixon**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00 **904-259-1389**
 Date Daytime Phone #

CR2E034 (9/99)