## FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 20, 2002 8:00 am Secretary of State

DOCUMEN  1. Entity Name	Τ#	P970000011031	ts
DIXIE	L.	Kist PA	

DIXI	e L. Kist PA				_	02-20-20	02 901 / / 021	130.00	
[	OO NOT WRITE	IN THIS SI	PACE						
2. Principal Pla 12 Suite, Apt.	ace of Business Orlando Are 4, etc.	3. Mailing Address Same Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPA	DE	
City & State	mmee FL	City & State	-		4. FEI Number 59 - 3422842   Applied For Not Applicate				
Zip 3474	Country	Zip	Country		5. Certifica	te of Status Desired		75 Additional Required	
<u> </u>	<u> </u>			4	7. Name and	Address of Curre	nt Registered Ag	ent	
	DO NOT W			Street Address	P.O. Box Num	ber is Not Acceptab	ole)		
	IN THIS SP	,		City KISS	immee	do Ave	FL	Zip Code 34741-5674	
NO C	named entity submits this statement for have. Lost do	rm.	)ixie		ered agent, or l	ooth, in the State of I	Florida.  DATE	02	
This corpo Tax filing re (See criteri	ration is eligible to satisfy its Intangible equirement and elects to do so.		1, Fee is 1 d UBR is 1	550.00 61.25		Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXIE L KIST 12 S Orlando Are KISSIMMEE F2 34		TITLE NAME STREET A CITY-ST						
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

10% D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name  DIXIE L. KIST, P.A.  12 S. ORLANDO AVE KISSIMUEE FL 34741-5574  13 S. ORLANDO AVE KISSIMUEE FL 34741-5574  5. Name and Address of Current Registered Agent  KIST, DIXIE L 12 S. ORLANDO AVE KISSIMMEE FL 34741-5574  8.  FILE NOW WITH FEE IS 3155.07  A WEST AND TO AVE KISSIMMEE FL 34741-5574  11.  P. KIST, DIXIE L 12 S. ORLANDO AVE KISSIMMEE FL 34741  A WAY A A A A A A A A A A A A A A A A A	UMENT # P97000001103			1	
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FLORIDA DEPARTMENT OF STATE # p970000/103

Katherine Harris
Secretary of State

January 30, 2002

DIXIE L. KIST, P.A. 12 S. ORLANDO AVE KISSIMMEE, FL 34741-5674

SUBJECT: DIXIE L. KIST, P.A. Ref. Number: P97000001103

We have received your document for DIXIE L. KIST, P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please complete the enclosed 2002 Uniform Business Report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Exclosed are the required \$150.00.

John and our Check for \$150.00.

I apologise for inconvenience.

Barbara Mitchell Document Specialist

Letter Number: 102A00005792

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314