

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000002750**

1. Entity Name

HERBY DIXON MOVING & STORAGE INC.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90371 022 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 211312
ROYAL PALM BEACH FL 33411P.O. BOX 211312
ROYAL PALM BEACH FL 33405-6960**00015579**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6960

3. Mailing Address

P.O. Box 6960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl.

City & State

West Palm Beach, Fl.

4. FEI Number

65-0719126

Applied For

Not Applied

Zip

33405

Country

Zip

33405

Country

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

DIXON, HERBY B
174 SAN PIPER AVENUE
ROYAL PALM BEACH FL 33411

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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** may
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **DIXON, HERBY B**
STREET ADDRESS **P O BOX 211312 N/A**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33421**TITLE **D** ☐ Delete
NAME **DIXON, GEARY**
STREET ADDRESS **10117 PENSANCE LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE **VST** ☐ Delete
NAME **DIXON, WENDY H**
STREET ADDRESS **P O BOX 211312 N/A**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33421**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Wendy H. Dixon, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-00 561-792-3211