

7/31

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018924

1. Entity Name  
DIXON REFINISHING, INC.Principal Place of Business  
535 NORTHEAST 32 STREET  
FORT LAUDERDALE FL 33334Mailing Address  
535 NORTHEAST 32 STREET  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0733902

Applied For  
Not Applicable5. 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

HYNES, CYNTHIA  
5535 NE 32 STREET  
FT LAUDERDALE FL 33334Name  
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

Cynthia Hynes President  
7-29-02  
DATE9. 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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD HYNES, CYNTHIA 535 NORTHEAST 32 STREET FORT LAUDERDALE FL 33334	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

Cynthia Hynes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR8/20/02  
Date954/5639150  
Daytime Phone #

FILED

02 OCT 11 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

42467

DO NOT WRITE IN THIS SPACE

CR2004 (9/01)

7/10/11/02

Cynthia Hynes  
Dixon Refinishing Inc.  
535 NE 32<sup>nd</sup> Street  
Oakland Park, FL 33334

Attachment 42467  
#P97000018924

To Whom It May Concern:

I, Cynthia Hynes, owner of Dixon Refinishing Inc. would like to explain why I was late making the payment for my Corporation. I have had to deal with the death of my Grandmother, my Uncle and my brother all in the span of 6 months. I was so emotionally messed up that it just slipped my mind that this payment was due. Please accept my apology. I have made the payment, but I am unable to make the late fee as business is very slow right now. I would like to ask that the late fee be waived at this time due to the extenuating circumstances. Thank you in advance for your consideration in this matter. Please notify me as soon as possible as to your decision.

Sincerely,

  
Cynthia Hynes, Owner

9-5-02