

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90062 021 \*\*\*150.00

DOCUMENT # P97000056188

1. Entity Name

DIXON SUPPLY, INC.

646730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 56456  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 56456  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3454543

Applied For

Not Applicable

Zip

Country

32241-6456 USA

Zip

Country

32241-6456 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
ROBERT A. DIXON

Street Address (P.O. Box Number is Not Acceptable)  
10361 LEWANA DR

City  
JACKSONVILLE

FL

Zip Code  
32257

DO NOT WRITE  
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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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ROBERT A. DIXON  
10361 LEWANA DR  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
TERESA L DIXON  
10361 LEWANA DR  
JACKSONVILLE FL 32257

TITLE  
NAME  
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CITY - ST - ZIP

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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: X *Teresa L Dixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 9042929512

CR20348 (12/01)