

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018123

1. Entity Name

SCOTT C. DIXON, P.A.

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90018 032 ***150.00

Principal Place of Business

Mailing Address

3574 EGRET DR.
MELBOURNE FL 32901

3574 EGRET DR.
MELBOURNE FL 32901-8152

2. Principal Place of Business

550 E. Strawbridge Ave

Suite, Apt. #, etc.

C

City & State
Melbourne, Florida

Zip
32901

Country
Brevard

3. Mailing Address

550 E. Strawbridge Ave.

Suite, Apt. #, etc.

C

City & State
Melbourne, Florida

Zip
32901

Country
Brevard

4. FEI Number

59-3500235

Applied For

Not Applicable

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

DIXON, SCOTT C
3574 EGRET DR.
MELBOURNE FL 32901

Name

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

613 Rostock Circle

City

Palm Bay, Florida

FL

Zip Code
32907

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 State

10. 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	P	<input type="checkbox"/> Delete
NAME	DIXON, SCOTT C	
STREET ADDRESS	3574 EGRET DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	550 E. Strawbridge Ave. Suite C	
CITY-ST-ZIP	Melbourne, Florida 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Scott C. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

321-728-4939

Daytime Phone #

CR2E034 (9/99)