

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90122 007 ***150.00

DOCUMENT # P98000066336

1. Entity Name

TED M. DIXON ENTERPRISES, INC.

Principal Place of Business

**4555 QUAIL ROOST ROAD
 ST. CLOUD FL 34772**

Mailing Address

**4555 QUAIL ROOST ROAD
 ST. CLOUD FL 34772**

80132034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3538042**

Applied For

Not Applicable

Zip

Country

Zip

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

**DIXON, TED M
 4555 QUAIL ROOST ROAD
 ST. CLOUD FL 34772**

Name

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **DIXON, TED M**
 STREET ADDRESS **4555 QUAIL ROOST ROAD**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DIXON, KATHLEEN L**
 STREET ADDRESS **4555 QUAIL ROOST ROAD**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Kathleen Dixon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2002 407-957-5006
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
Src. # PA8000066336

July 22, 2002

Florida Department of State
Division of Corporations

RE: 2002 Uniform Business Report

A few days ago I received the attached UBR which is apparently the second notice of the filing fee due. The fee stated is \$550.

Each year when I receive the original UBR, I mail the payment for \$150 prior to May 1st. Checking my records, I show that there was no check written for this fee of \$150. I can only conclude that I never received the original UBR notification.

As you can see from past years, this fee has always been paid by May 1st. Enclosed is a check for \$150, and this letter requests that the \$400 late fee not be assessed because of non-receipt of the original notification.

Thank you,



Kathy Dixon
Vice President

Ted M. Dixon Enterprises