

FILED

Jun 16, 2003 8:00 am  
Secretary of State

05-05-2003 91161 017 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000094851

1. Entity Name

LAMIXON ENTERPRISES, INC.



Principal Place of Business

1270 N WICKMAN RD 1  
MELBOURNE FL 32935  
US

Mailing Address

1270 N WICKMAN RD 1  
MELBOURNE FL 32935  
US

55048517

INCORRECT SPELLING!!

2. Principal Place of Business

1270 N. WICKHAM RD. 1

Suite, Apt. #, etc.

3. Mailing Address

1270 N. WICKHAM RD. 1

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City &amp; State

City &amp; State

4. FEI Number

59-3540571

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

MENYHART, ANDREW W

1270 N WICKHAM RD

# 1

MELBOURNE FL 32935

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeleteP  
DIXON, CALVERT III.  
1270 N WICKHAM RD 1  
MELBOURNE FL 32935TITLE NAME ☐ DeleteVP  
LAMP, GARRETT D  
1270 N WICKHAM RD 1  
MELBOURNE FL 32935TITLE NAME ☐ DeleteSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ DeleteSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ DeleteSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ DeleteSTREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/11/03

(321) 255-0578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)