

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016904

1. Entity Name

DIXIE EXPRESS FREIGHT COMPANY OF PALM COAST

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 035 ***150.00

Principal Place of Business

Mailing Address

1 FLORIDA PARK DRIVE SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137

POST OFFICE BOX 351399
 PALM COAST FL 32135-1399

2. Principal Place of Business

20 S. CLOVERDALE CT. PALM COAST, FL

3. Mailing Address

20 S. CLOVERDALE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

FL.

4. FEI Number

59-3563492

Applied For

Not Applicable

Zip

32137

Country

FLORIDA

Zip

32137

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B. PAUL KATZ, ESQUIRE
 1 FLORIDA PARK DRIVE SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name
 DIXIE EXPRESS FREIGHT CO. OF PALM COAST
 Street Address (P.O. Box Number is Not Acceptable)
 ROBERT C. NIELSEN
 20 So. CLOVERDALE CT.
 City
 PALM COAST FL Zip Code
 32137

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

4-29-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 B. PAUL KATZ
 POST OFFICE BOX 351399
 PALM COAST FL 32135-1399

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 ROBERT C. NIELSEN
 20 So. CLOVERDALE CT
 PALM COAST, FL 32137

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00 904 4462552