

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 004 ***150.00

DOCUMENT # P99000041633

1. Entity Name
 DIXIE PYROTECHNICS DISPLAYS, INC.

Principal Place of Business **Mailing Address**
 1503 RANCHERO LAKE
 PLANT CITY, FL 33567

2. Principal Place of Business **3. Mailing Address**
 1503 RANCHERO LAKE 1503 RANCHERO LAKE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 PLANT CITY, FL PLANT CITY, FL

Zip **Country** **Zip** **Country**
 33567 USA 33567 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 59-3577769 ☐ 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**

JAMES MINDENHALL Name JAMES MINDENHALL

Street Address (P.O. Box Number is Not Acceptable)
 1503 RANCHERO LAKE

City PLANT CITY FL Zip Code 33567

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE OWNER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES MINDENHALL		NAME	
STREET ADDRESS 1503 RANCHERO LAKE		STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33567		CITY-ST-ZIP	
TITLE OWNER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRIS SIZEMORE		NAME	
STREET ADDRESS 2010 WOOTEN RD.		STREET ADDRESS	
CITY-ST-ZIP DOVER, FL 33527		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Christopher M. Leggett 4-6-00 813-6542449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)