2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000107443** May 08, 2000 8:00 am Secretary of State DIXIE SAILING, INC. 05-08-2000 90043 036 ***150.00 Mailing Address Principal Place of Business 1316 GINGOLD ST NW 1316 GINGOLD ST NW PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address COURTNE 452 ERMA COURT NE 450 ERMA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number - 3616041 Applied For City & State - City & State == :: PALM BAY BAI PALM Not Applicable 翌2907 Country BREVARD \$8.75 Additional Country 5. Certificate of Status Desired er 32901 BREVARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . GENSLINGER Address (P.O. Box Number is Not Acceptable) SANTORE, MICHAEL A 483 ORLOV RD NW PALM BAY FL 23907 Zip Code **3**乳**9**01 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS JOHN L. GENSLINGER Change TITLE 🔀 Delete SHEREAR, JACK A NAME 452 ERMA COURT NE STREET ADDRESS 1316 GINGOLD ST NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 D NR. T. ☐ Delete TITLE GENSLINGER, JOYCE A NAME NAME STREET ADDRESS STREET ADDRESS 452 ERMA CT NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.