2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am Secretary of State DOCUMENT # S15045 1. Entity Name 02-04-2002 90136 027 ***150.00 900 OLD DIXIE, INC. Principal Place of Business Mailing Address 900 OLD DIXIE HIGHWAY 900 OLD DIXIE HIGHWAY JUPITER FL 33458-4309 JUPITER FL 33458-4309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0468669 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORTON, JOHN C Street Address (P.O. Box Number is Not Acceptable) 111 BAYBERRY CIRCLE JUPITER FL 33458 City Zip Code ment far the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above no submits this stat SIGNATURE nd title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporal tion is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition CR2E034 (9/01 TITLE PD ☐ Delete TITLE HORTON, JOHN C NAME STREET ADDRESS 111 BAYBERRY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change ☐ Addition TITLE ☐ Delete TITI F NAME HINKLE, MARK W NAME STREET ADDRESS STREET ADDRESS 6137 EAGLES NEST DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPIER FL 33458 ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 atta

SIGNATURE:

FILED