

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

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90075 024 \*\*\*150.00

DOCUMENT # **S15045**

1. Entity Name

**900 OLD DIXIE, INC.**

**DO NOT WRITE IN THIS SPACE**

**44025427**

2. Principal Place of Business

**900 OLD DIXIE HWY**

Suite, Apt. #, etc.

3. Mailing Address

**900 OLD DIXIE HWY**

Suite, Apt. #, etc.

City & State

**Jupiter FL**

City & State

**Jupiter FL**

Zip

**33458-4309**

Country

**USA**

Zip

**33458-4309**

Country

**USA**

4. FEI Number

**65-0468669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Mark Hinkle**

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

**6137 Eagles Nest Drive**

City

**Jupiter**

FL

Zip Code

**33458**

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature typed or printed name of registered agent and title if applicable.

*[Signature]*

(NOTE: Registered Agent Signature required when registering)

**4/6/04**

DATE

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP mark Hinkle 6137 Eagles Nest Drive Jupiter FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Gordon Kelly 1190 Woodbine Way #1112 Palm Beach Gardens FL 33418</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/04**  
Date

**561 746 89 00**  
Daytime Phone #

CR2E034B (12/01)