

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33979

1. Entity Name

MIXON DOORFRAME & HARDWARE INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90010 043 ***150.00

Principal Place of Business

Mailing Address

~~10802 W HILLSBOROUGH AVENUE~~
~~APARTMENT 1607~~
~~TAMPA FL 33615~~
~~US~~

~~10802 W HILLSBOROUGH AVENUE~~
~~APARTMENT 1607~~
~~TAMPA FL 33615-3514~~
~~US~~

2. Principal Place of Business

3. Mailing Address

5906 Tampa Shores Blvd.
 Suite, Apt. #, etc.

5906 Tampa Shores Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL 33615

City & State

Tampa FL

4. FEI Number

59-3066302

Applied For

Not Applicable

Zip

Country

Zip

Country

33615

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

MIXON, DEAN C.
 6604 SEAFARER DRIVE
 TAMPA FL 33615

Dean C Mixon
 5906 Tampa Shores Blvd.
 Tampa FL 33615

Name

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

City

FL

Zip Code

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)

Change of Address only

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
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME MIXON, DEAN C.
 STREET ADDRESS 10802 W HILLSBOROUGH AVENUE, APT 1607
 CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE President ☐ Delete
 NAME Mixon Dean C.
 STREET ADDRESS 5906 Tampa Shores Blvd.
 CITY-ST-ZIP Tampa FL 33615

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

4/17/00

813 891 6361

CR2E034 (9/99)