

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35906

1. Entity Name

ANDREA SMOAK DIXON, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90045 009 \*\*\*150.00

Principal Place of Business

675 SE LAKVIEW DR  
SEBRING FL 33870  
US

Mailing Address

675 SE LAKVIEW DR  
SEBRING FL 33870  
US

2. Principal Place of Business

2111 JACKSON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2111 JACKSON DRIVE

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

59-3058453

Applied For

Not Applicable

Zip

33870-3317

Country

Zip

33870-3317

Country

5. Certificate of Status Desired ☐ \$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SMOAK DIXON  
675 SE LAKEVIEW DR  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

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

2111 JACKSON DRIVE

City

SEBRING

FL

Zip Code

33870-3317

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)

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, 2001 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

TITLE NAME PST DIXON, ANDREA S. ☐ Delete  
STREET ADDRESS 675 SE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME D DIXON, ANDREA S. ☐ Delete  
STREET ADDRESS 675 SE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2111 JACKSON DRIVE  
CITY-ST-ZIP SEBRING, FL 33870-3317

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2111 JACKSON DRIVE  
CITY-ST-ZIP SEBRING, FL 33870-3317

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(901) 366-8526

CR2E034 (10/00)