

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848274

1. Entity Name

DAWSON INSURANCE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 011 ***150.00

Principal Place of Business

DEPOT STREET
RIVER OH 44116

Mailing Address

1340 DEPOT STREET
ROCKY RIVER OH 44116-1741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHERMAN, D. MICHAEL
15520 FIDDLESTICKS BLVD.
FT. MYERS FL 33912

4. FEI Number

34-0183810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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)

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, 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	P	<input type="checkbox"/> Delete
NAME	SHERMAN, MICHAEL D	
STREET ADDRESS	15220 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	KMETZ, MICHAEL J.	
STREET ADDRESS	1340 DEPOT STREET	
CITY-ST-ZIP	ROCKY RIVER OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYER, DAVID W.	
STREET ADDRESS	1340 DEPOT STREET	
CITY-ST-ZIP	ROCKY RIVER OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMPUS, ROBERT W	
STREET ADDRESS	1340 DEPOT STREET	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL J. KMETZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

440-333-9006

Daytime Phone #

CR2E034 (9/99)