

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852333

1. Entity Name

ANDREW & DAWSON, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90053 023 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 6205
(1709 FOREST AVE.)
MONTGOMERY AL 36106-1543

P.O. BOX 6205
(1709 FOREST AVE.)
MONTGOMERY AL 36106-1543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0791679**

Applied For

Not Applicable

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

DAWSON, M. T.
318 BAY POINT, TURTLEGRASS VILLAS
PANAMA CITY FL 32407

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	C	<input type="checkbox"/> Delete
NAME	DAWSON, M. TAYLOR, JR.	
STREET ADDRESS	3394 THOMAS AVENUE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	MOSELEY, MICHAEL F.	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	RAMER AL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSH, CHARLES W	
STREET ADDRESS	ROUTE 1, BOX 146	
CITY-ST-ZIP	GRADY AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIGELOW, RUTH E	
STREET ADDRESS	124 CO RD 68, EAST	
CITY-ST-ZIP	DEATSVILLE AL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2000

Date

334-268-1891

Daytime Phone #

CR2E034 (9/99)