

2002 UNIFORM BUSINESS REPORT (UBR)

8/4

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-04-2002 90165 045 ***550.00

DOCUMENT # 852333

1. Entity Name
ANDREW & DAWSON, INC.

Principal Place of Business

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

Mailing Address

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

41516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	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	12100 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 ROSEDALE DRIVE	
CITY-ST-ZIP	MONTGOMERY AL 36107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. T. DAWSON, JR., Chairman

August 12, 2002 334/269-1891

Date

Daytime Phone #

CR2E034 (4/02)