

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2002 8:00 am Secretary of State

02-14-2002 90046 011 ***150.00

DOCUMENT # G79105

1. Entity Name DAWSON, GALANT PROFESSIONAL ASSOCIATION

Principal Place of Business 320 EAST ADAMS STREET JACKSONVILLE FL 32202

Mailing Address 320 EAST ADAMS STREET JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 233 E. Bay Street

3. Mailing Address 233 E. Bay Street

Suite, Apt. #, etc. 1010

Suite, Apt. #, etc. 1010

City & State Jacksonville, FL

City & State Jacksonville, FL

4. FEI Number 59-2373509

Applied For Not Applicable

Zip 32202

Country USA

Zip 32202

Country USA

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, CARL D. 320 EAST ADAMS STREET JACKSONVILLE FL 32202

Name Dawson, Carl D. Street Address 233 East Bay Street, Suite 1010 The Blackstone Building Jacksonville FL Zip Code 32202

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 [Handwritten Signature]

DATE 1-31-02

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, 2002 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 PD NAME DAWSON, CARL D. STREET ADDRESS 3858 TIMUQUANA RD. CITY-ST-ZIP JACKSONVILLE FL

TITLE SD NAME GALANT, JANE B STREET ADDRESS 5360 FLORAL AVE CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VPD NAME SULIK, JOHN J. STREET ADDRESS 3223 OLD BARN ROAD E. CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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: [Handwritten Signature]

Date 1-31-02 Daytime Phone #

CR2E034 (9/01)