

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**

2. Principal Place of Business

**233 E. Bay Street
 Suite, Apt. #, etc.
 1010**

Jacksonville, FL

Zip 32202 Country USA

3. Mailing Address

**233 E. Bay Street
 Suite, Apt. #, etc.
 1010**

Jacksonville, FL

Zip 32202 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2373509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAWSON, CARL D.
 320 EAST ADAMS STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

**Name: Dawson, Carl D.
 Street Address (P.O. Box Number is Not Acceptable):
 233 East Bay Street, Suite 1010
 The Blackstone Building
 City: 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 *Carl D. Dawson*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAWSON, CARL D.	
STREET ADDRESS	3858 TIMUQUANA RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GALANT, JANE B	
STREET ADDRESS	5360 FLORAL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SULIK, JOHN J.	
STREET ADDRESS	3223 OLD BARN ROAD E.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
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"/> 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 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: *Carl D. Dawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02

CR2E034 (9/01)