

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90029 050 \*\*\*150.00

**DOCUMENT # J05633**

1. Entity Name  
**DAWSON REALTY, INC.**

Principal Place of Business <b>PO BOX 568885</b> <b>ORLANDO FL 32856-8885</b>	Mailing Address <b>PO BOX 568885</b> <b>ORLANDO FL 32856-8885</b>
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2. Principal Place of Business <b>1634 Waterwitch Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 568885</b> Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32806</b>	Zip <b>32856-8885</b>
Country <b>Orange</b>	Country <b>Orange</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAWSON, WILLIAM L.**  
**4964 S. ORANGE AVE**  
**ORLANDO FL 32806**

**1634 Waterwitch Dr**  
**Orlando, FL 32806**

4. FEI Number **59-2662635**

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 **William L. Dawson** **4/27/01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DAWSON, WILLIAM L.</b> <b>4964 S. ORANGE AVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1634 Waterwitch Dr</b> <b>Orlando, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **William L. Dawson** **4/27/01** **407-855-6425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)