

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90043 034 ***158.75

DOCUMENT # L47238

1. Entity Name

DAWSON ADULT CARE INC.

Principal Place of Business

Mailing Address

669 W 6TH ST
 RIVIERA BEACH FL 33404

669 W 6TH ST
 RIVIERA BEACH FL 33404-7413

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 **65-0157829**

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, ERIC
1220 W 3RD ST
RIVIERA BEACH FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

669 WEST 6th ST

City **Riviera Bch FL** Zip Code **33404**

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	D	<input type="checkbox"/> Delete
NAME	DAWSON, ERIC	
STREET ADDRESS	1220 W 3RD ST	
CITY - ST - ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, DOLORIS	
STREET ADDRESS	1220 W 3RD ST	
CITY - ST - ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Doloris P. Dawson**

1-5-00 **848-035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #