

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90188 020 ***150.00

DOCUMENT # P00000029874

1. Entity Name
DAWN MARSHALL, P.A.



Principal Place of Business
A.I. DUPONT BUILDING
169 E FLAGLER ST. SUITE 1431
MIAMI FL 33131

Mailing Address
A.I. DUPONT BUILDING
169 E FLAGLER ST. SUITE 1431
MIAMI FL 33131



2. Principal Place of Business
A.I. DUPONT BUILDING

Suite, Apt. #, etc.
169 E. FLAGLER ST., SUITE 1523
City & State
MIAMI FLORIDA

Zip
33131
Country
USA

3. Mailing Address
A.I. DUPONT BUILDING

Suite, Apt. #, etc.
169 E. FLAGLER ST., SUITE 1523
City & State
MIAMI

Zip
33131
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1001680** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARSHALL, DAWN
A.I. DUPONT BUILDING
169 E FLAGLER ST, SUITE 1431
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
DAWN MARSHALL
Street Address (P.O. Box Number is Not Acceptable)
A.I. DUPONT BUILDING
169 E. FLAGLER ST., SUITE 1523
City **MIAMI** FL Zip Code **33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DAWN 169 E FLAGLER ST, SUITE 1523 MIAMI FL 33131	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

11. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

04/22/03 **305-511-0055**
Date Daytime Phone #

CR2E034 (10/02)