

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015189

1. Entity Name

THE DAWSON INVESTMENT GROUP, INC.

Principal Place of Business

3705 KENTFIELD PL
VALRICO FL 33594

Mailing Address

3705 KENTFIELD PL
VALRICO FL 33594

2. Principal Place of Business

24761 US Hwy 19 N
Suite, Apt. #, etc.
630

City & State
Clearwater, Florida

Zip
33763

Country
USA

3. Mailing Address

24761 US Hwy 19 N
Suite, Apt. #, etc.
630

City & State
Clearwater, Florida

Zip
33763

Country
USA

4. FEI Number

59-3702750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, CHRISTOPHER R
3705 KENTFIELD PL
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

Louis C. Scuras

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

24761 US Hwy 19 N Suite 630

City

Clearwater

FL

Zip Code

33763

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

Louis C. Scuras

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/30/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAWSON, CHRISTOPHER R
3705 KENTFIELD PL
VALRICO FL 33594

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
24761 US Hwy 19 N Ste 630
Clearwater, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Signature Required

4/30/02

Date

727-443-0709

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91517 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)