

FILED  
Jul 28, 2003 8:00 am  
Secretary of State

07-07-2003 90308 003 \*\*\*550.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

7/7

DOCUMENT # P02000075616

1. Entity Name  
DAW FINANCIAL, INC.



Principal Place of Business  
4500 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS FL 33418

Mailing Address  
4500 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS FL 33418

55052528

2. Principal Place of Business  
2455 E. Sunrise Blvd  
Suite, Apt. #, etc.  
Suite 304

3. Mailing Address  
2455 E. Sunrise Blvd.  
Suite, Apt. #, etc.  
Suite 304

City & State  
Ft. Lauderdale, FL  
Zip  
33304  
Country  
USA

City & State  
Ft. Lauderdale, FL  
Zip  
33304  
Country  
USA

4. FEI Number  
56-2288382

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, DOUGLAS A  
4500 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS FL 33418

Name  
WALKER, DOUGLAS A.  
Street Address (P.O. Box Number is Not Acceptable)  
2455 E. SUNRISE BLVD, Suite 304  
City  
Ft. Lauderdale  
FL  
Zip Code  
33304

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 DOUGLAS A. WALKER

7/3/03

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	WALKER, DOUGLAS A	4500 PGA BOULEVARD #200 PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/Director	WALKER, DOUGLAS A.	2455 E. SUNRISE BLVD; SUITE 304	FT. LAUDERDALE, FL 33304	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/03

Date

954-564-4300

Daytime Phone #

CR2E034 (10/02)