

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005429

1. Entity Name

DAUSON SUPPLY CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90073 017 ***150.00

Principal Place of Business

10193 WALLIEN DRIVE
BROOKSVILLE FL 34601
US

Mailing Address

10193 WALLIEN DRIVE
BROOKSVILLE FL 34601-5210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3151963**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL W
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name **GEOFFREY K. MOSHER JR. C.P.A.**
Street Address (P.O. Box Number is Not Acceptable) **43 WEST FORT LADE AVE**
City **Brooksville** FL Zip Code **34603**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/10/00**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSACCA, THOMAS JR	
STREET ADDRESS	10215 TRUDY LYNN DR.	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUSACCA, ROBERT	
STREET ADDRESS	DEMPSEY RD.	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSACCA, THOMAS	
STREET ADDRESS	10193 WALLIEN DR.	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 352540 9441
Date Daytime Phone #

CR2E034 (9/99)