

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90154 010 \*\*\*550.00

**DOCUMENT # P95000034811**

1. Entity Name  
**ROBERT K. DAWES, P.A.**

Principal Place of Business  
**7491 W OAKLAND PARK BLVD**  
**308**  
**FT. LAUDERDALE FL 33319**  
**US**

Mailing Address  
~~7491 W OAKLAND PARK BLVD~~ **501 Jacaranda way**  
~~308~~ **Plantation, FL.**  
~~FT. LAUDERDALE FL 33319~~ **33324**  
**US**

**975609**



2. Principal Place of Business

3. Mailing Address  
**501 Jacaranda Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**N/A**

City & State

City & State  
**Plantation, FL**

4. FEI Number **65-0586061**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33324 Broward**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAWES, ROBERT K**  
**6000 SW 5TH ST**  
**PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Robert K. Dawes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**501 Jacaranda Way**  
 City **Plantation, FL** Zip Code **33324**

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 **Robert K. Dawes, President**  
 Signature, typed or printed name of registered agent and title if applicable.

**8/15/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAWES, ROBERT K</b>	
STREET ADDRESS	<b>6000 SW 5TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
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		
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		

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: **Robert K. Dawes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/02**  
 Date

**(954) 434-8845**  
 Daytime Phone #

CR2E034 (4/02)