

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90058 012 \*\*\*150.00

DOCUMENT # P96000098696

1. Entity Name

LAW OFFICE OF SUSAN DAWSON, P.A.

Principal Place of Business

Mailing Address

2300 PALM BCH LAKES BLVD  
STE 200D  
W. PALM BCH FL 33409

2300 PALM BCH LAKES BLVD  
STE 200D  
W. PALM BCH FL 33409-3307

2. Principal Place of Business

3. Mailing Address

102 Waterway Road  
Suite, Apt. #, etc.

6901 West Okeechobee Blvd.  
Suite, Apt. #, etc.

D5-247

City & State  
Royal Palm Beach, FL

City & State  
West Palm Beach, FL

Zip  
33411

Country  
USA

Zip  
33411

Country  
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWSON, SUSAN  
2300 PALM BCH LAKES BLVD  
STE 200D  
W. PALM BCH FL 33409

Name

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

102 Waterway Road

City

Royal Palm Beach FL

Zip Code

33411

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, SUSAN	
STREET ADDRESS	2300 PALM BCH LAKES BLVD- STE 200D	
CITY-ST-ZIP	W. PALM BCH FL 33409	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6901 West Okeechobee Blvd. D5-247	
CITY-ST-ZIP	West Palm Beach, FL 33411	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(561) 308-8854

Daytime Phone #

CR2E034 (9/99)