

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067203

1. Entity Name
THE DAWSON AGENCY, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90076 015 ***150.00

Principal Place of Business
1140 LITTLE NECK CT., STE. 31
NAPLES FL 34102

Mailing Address
1140 LITTLE NECK CT., STE. 31
NAPLES FL 34102

2. Principal Place of Business
5421 COVE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
5421 COVE CIRCLE
Suite, Apt. #, etc.

City & State
NAPLES FLORIDA
Zip
34119
Country
USA

City & State
NAPLES FLORIDA
Zip
34119
Country
USA

4. FEI Number 59-3466825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAWSON, THOMAS N
1140 LITTLE NECK CT., STE. 31
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
DIANE SABULSKI - DAWSON
Street Address (P.O. Box Number is Not Acceptable)
5421 COVE CIRCLE
City
NAPLES FL Zip Code
34119

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 *Diane Sabulski - Dawson*
Signature, typed or printed name of registered agent and title if applicable.

3-30-01
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, 2001 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, THOMAS N III 1140 LITTLE NECK CT., STE. 31 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANE SABULSKI - DAWSON 5421 COVE CIRCLE NAPLES, FLORIDA 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Diane Sabulski - Dawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 941-546-7144
Date Daytime Phone #

CR2E034 (10/00)