

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91757 003 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

P98000031722

Dawson & Sons Construction, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6478 Dawson Ranch Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Laurel Hill, FL

City & State

4. FEI Number

59-3501592

Applied For

Not Applicable

Zip

32567

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

William H. Dawson, Sr

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

6478 Dawson Ranch Rd

City

Laurel Hill

FL

Zip Code  
32567

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1<sup>st</sup> May 1<sup>st</sup> Fee is \$150.00

After May 1<sup>st</sup> Fee is \$550.00

Amended UBR is \$61.25

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  
Pres  
William H. Dawson, Sr  
6478 Dawson Ranch Road  
Laurel Hill, FL 32567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
James P. Dawson  
6478 Dawson Ranch Rd  
Laurel Hill, FL 32567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec/Treas  
Catherine M. Dawson  
6478 Dawson Ranch Rd  
Laurel Hill, FL 32567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Dawson

Date

Daytime Phone #

CR2E034B (12/01)