

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33739

1. Entity Name

DAWS-ROBERTS GENERAL CONTRACTORS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90098 002 ***150.00

Principal Place of Business

Mailing Address

338 THORNBERG DR.
TALLAHASSEE FL 32312
US

338 THORNBERG DR.
TALLAHASSEE FL 32312-1591
US

2. Principal Place of Business

3. Mailing Address

3120 O'BRIEN DR

3120 O'BRIEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3065573

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWS, SONYA K ESQUIRE
3838 KILLEARN COURT
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

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) ☐

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 PD ☐ Delete

NAME DAWS, STEVE C.
STREET ADDRESS 338 THORNBERG DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE STD ☐ Delete

NAME DAWS, SONYA K
STREET ADDRESS 338 THORNBERG DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD ☐ Delete

NAME STEPHEN N ROBERTS
STREET ADDRESS 3120 O'BRIEN DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS P.O. Box 13677
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS P.O. Box 13677
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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, title or other like empowered.

SIGNATURE:

STEPHEN N. ROBERTS

3/5/00 (850) 544 0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)