

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90469 014 ***150.00

DOCUMENT # S36514

1. Entity Name
DAWA HOLDING COMPANY

Principal Place of Business
2010 SEABIRD WAY
WEST PALM BEACH FL 33404
US

Mailing Address
2010 SEABIRD WAY
WEST PALM BEACH FL 33404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0253964**

Applied For
 Not Applicable

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

WOODWARD, DANIEL A.
807 BRIARWOOD DR
WEST PALM BEACH FL 33415

NEW ADDRESS

Name **WOODWARD, DANIEL A.**

Street Address (P.O. Box Number is Not Acceptable)
2010 SEABIRD WAY

City **WEST PALM BEACH** **FL** Zip Code **33404**

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 **DANIEL A. WOODWARD**

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

(NOTE: Registered Agent signature required when reinstalling)

[Signature] **4/27/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WOODWARD, DANIEL A.**
 STREET ADDRESS **807 BRIARWOOD DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **WOODWARD, DANIEL A.**
 STREET ADDRESS **1390 ROSETHA TRAIL**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
 NAME **ARNOLD, AARON L.**
 STREET ADDRESS **15393 70TH TRAIL N**
 CITY-ST-ZIP **PALM BEACH GDNS FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **ARNOLD, AARON L.**
 STREET ADDRESS **19842 WILKINSON LEAS RD**
 CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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)(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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL A WOODWARD

Date

Daytime Phone #

561-848-6746

CR2E034 (10/00)