## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V57772** Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State BUCKLEY & DAWSEY ENTERPRISES, INCORPORATED** 07-26-2000 90011 013 \*\*\*550.00 Principal Place of Business Mailing Address 6511 STONINGTON DR 6511 STONINGTON DR TAMPA FL 33647-1115 TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business 12219 5210 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 13 11 Applied For City & State 4. FEI Number & State 59-3138576 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAWSEY, LAWRENCE 6511 STONINGTON DR Amberly Orive, **TAMPA FL 33647** an Pa 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE □ Delete **BUCKLEY, DOUGLAS TERREL** NAME NAME STREET ADDRESS STREET ADDRESS 14753 VISTA LUNA DR CITY-ST-ZIP CITY-ST-71P DAVIE FL 33325 Change Addition Delete TITLE TITLE Dawsoy, Lawrence 15210 Amberly Drive, Apt. 13N Tampa FL 33647 DAWSEY, LAWRENCE NAME NAME STREET ADDRESS 6511 STONINGTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: