

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90011 013 ***550.00

DOCUMENT # V57772

1. Entity Name
BUCKLEY & DAWSEY ENTERPRISES, INCORPORATED

Principal Place of Business

6511 STONINGTON DR
 TAMPA FL 33647
 US

Mailing Address

6511 STONINGTON DR
 TAMPA FL 33647-1115
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15210 Amberly Drive

Suite, Apt. #, etc.

Apt. 1311

City & State
Tampa, FL

Zip Country
33647 US

3. Mailing Address

15210 Amberly Drive

Suite, Apt. #, etc.

Apt. 1311

City & State
Tampa, FL

Zip Country
33647 US

4. FEI Number **59-3138576**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAWSEY, LAWRENCE
 6511 STONINGTON DR
 TAMPA FL 33647

7. Name and Address of New Registered Agent

Name *Dawsey, Lawrence*
 Street Address (P.O. Box Number is Not Acceptable)
15210 Amberly Drive, Apt. 1311
 City *Tampa* FL Zip Code *33647*

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P <input type="checkbox"/> Delete
NAME	BUCKLEY, DOUGLAS TERREL
STREET ADDRESS	14753 VISTA LUNA DR
CITY-ST-ZIP	DAVIE FL 33325
TITLE	V <input type="checkbox"/> Delete
NAME	DAWSEY, LAWRENCE
STREET ADDRESS	6511 STONINGTON DR
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dawsey, Lawrence</i>
STREET ADDRESS	<i>15210 Amberly Drive, Apt. 1311</i>
CITY-ST-ZIP	<i>Tampa, FL 33647</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lawrence Dawsey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00 *813-631-8430*
 Date Daytime Phone #

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