## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am § Secretary of State **DOCUMENT # V57772** 1. Entity Name 05-17-2001 91333 020 \*\*\*150.00 **BUCKLEY & DAWSEY ENTERPRISES, INCORPORATED** Principal Place of Business Mailing Address 15210 AMBERLY DRIVE 15210 AMBERLY DRIVE APT 1311 **APT 1311** D0053781 TAMPA FL 33647 TAMPA FL 33647 HS 2. Principal Place of Business 3. Mailing Address 13704 SUN CT. 13704 SUN. CT. Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3138576 TAMPA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33624-2598 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAWRENCE DAWSEY DAWSEY, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 15210 AMBERLY DRIVE APT 1311 TAMPA FL 33647 13704 SUN CT 8. The above named en ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Delete TITLE Change ... TITLE **BUCKLEY, DOUGLAS TERREL** NAME NAME 10808 GOLDEN EAGLECT. STREET ADDRESS 14753 VISTA LUNA DR STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Delete TITLE TITI F NAME DAWSEY, LAWRENCE 13704 SUNCT. STREET ADDRESS 6511 STONINGTON DR STREET ADDRESS TAMPA FL 33624-2598 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 required 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. Vice President 4-17-01

OR DIRECTOR GULLENCE JANJAY VICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (/

FILED