## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am Secretary of State DOCUMENT # V57772 1. Entity Name 05-27-2002 90262 009 \*\*\*150 00 **BUCKLEY & DAWSEY ENTERPRISES, INCORPORATED** Principal Place of Business Mailing Address 13704 SUN CT. 13704 SUN CT. TAMPA FL 33624-2598 TAMPA FL 33624-2598 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3138576 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSEY, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 13704 SUN CT. **TAMPA FL 33624** City 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME **BUCKLEY, DOUGLAS TERREL** STREET ADDRESS STREET ADDRESS 10808 GOLDEN EAGLE CT. CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME DAWSEY, LAWRENCE STREET ADDRESS STREET ADDRESS 13704 SUN CT. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-2598 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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-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 attach plent with an address with all other like empowered.

SIGNATURE: (2)

**FILED**