

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452732

1. Entity Name
KENDRICK . DAVID . DOWLING ARCHITECTS, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90197 038 ***158.75

0058501 AV

Principal Place of Business Mailing Address
111 FERRY ROAD S E 111 FERRY ROAD S E
FT WALTON BEACH FL 32548-5535 FT WALTON BEACH FL 32548-5535
US 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 59-1536652 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOWLING, JAMES R
111 FERRY RD SE
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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	V	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, CLAUDE	
STREET ADDRESS	61 YACHT CLUB DR #2	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ESPY, MARGARET S	
STREET ADDRESS	225 MORIARITY AVE NW	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVID, DON W JR	
STREET ADDRESS	721 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOWLING, JAMES R.	
STREET ADDRESS	228 SANTA ROSA ST. SW	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Margaret S. Espy Margaret S. Espy Treasurer 3/19/02 (850) 243-9158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)