

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537517

1. Entity Name

DOWDA AND FIELDS, CHARTERED

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90067 013 \*\*\*150.00

Principal Place of Business

ST JOHNS AVE.  
BOX 1888  
FL 32177-4724

Mailing Address

413 ST JOHNS AVE.  
PO BOX 1888  
PALATKA FL 32177-4724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1771517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, ALAN B., JR.  
413 ST. JOHNS AVE.  
PALATKA FL 32077

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIELDS, ALAN B. JR.	
STREET ADDRESS	413 ST. JOHNS AVE.	
CITY-ST-ZIP	PALATKA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIELDS, ROBERT M	
STREET ADDRESS	413 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan B. Fields, Jr.

Date

Daytime Phone #

2-18-00

904 505 2140

CR2E034 (9/99)