

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90227 005 ***150.00

DOCUMENT # 537517

1. Entity Name

DOWDA AND FIELDS, CHARTERED

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

413 St. Johns Ave

Suite, Apt. #, etc.

3. Mailing Address

413 St. Johns Ave

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

Zip

32177

Country

USA

Zip

32177

Country

USA

4. FEI Number

59-1771517

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Robert M. Fields**

Street Address (P.O. Box Number is Not Acceptable)

413 St. Johns Ave.

City

Palatka

FL

Zip Code

32177

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

2-20-029. 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 **PD** ☒ Delete
NAME **FIELDS, ALAN B. JR.**
STREET ADDRESS **413 ST. JOHNS AVE.**
CITY-ST-ZIP **PALATKA FL**TITLE **VP** ☐ Delete
NAME **FIELDS, ROBERT M**
STREET ADDRESS **413 ST. JOHNS AVENUE**
CITY-ST-ZIP **PALATKA FL 32177**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Robert M. Fields**
STREET ADDRESS **413 St. Johns**
CITY-ST-ZIP **Palatka, FL 32177**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

2-20-02 386-325-2041

CR2E034 (9/01)