

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002446

1. Entity Name
DOW FINANCIAL CORPORATION

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90021 008 ***150.00

Principal Place of Business

195 COLONADE CIRCLE
NAPLES FL 34103-8722

Mailing Address

195 COLONADE CIRCLE
NAPLES FL 34103-8722

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 13-3519778

Applied For

Not Applicable

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

CARTHAUS, JAMES A
257 COLONADE CIRCLE
NAPLES FL 34103-8728

Name CARTHAUS, JAMES A.

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

195 COLONADE Circle

City

NAPLES

FL

Zip Code

34103-8722

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, if not applicable

JAMES A. CARTHAUS

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTCD
CARTHAUS, JAMES A
257 COLONADE CIRCLE
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
195 COLONADE Circle
34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
CARTHAUS, RICHARD W
6213 PARKWOOD ROAD
EDINA MN 55436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. CARTHAUS

Date

1/29/01

Daytime Phone #

941-430-1324

CR2E034 (10/00)