

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H73767

1. Entity Name

DOW SHERWOOD CORPORATION

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90023 006 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6304 BENJAMIN ROAD
SUITE 503
TAMPA FL 33634
US

6304 BENJAMIN ROAD
SUITE 503
TAMPA FL 33634-5128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2576935

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

ROSENKRANZ, STANLEY W
201 E KENNEDY BLVD
10TH FLOOR
TAMPA FL 33602

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 D ☐ Delete
NAME KAUFMAN, RONALD P
STREET ADDRESS 3500 E FLETCHER STE 530
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME PEARLMAN, BRIAN L C.P.A.
STREET ADDRESS 2203 N. LOIS AVE STE 700
CITY-ST-ZIP TAMPA FL 33607

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

TITLE P ☐ Delete
NAME ROBERTS, C KIRT
STREET ADDRESS 6304 BENJAMIN RD STE 503
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ Delete
NAME WINSHIP, CHARLES CHUCK
STREET ADDRESS 505 E JACKSON STREET STE 308
CITY-ST-ZIP TAMPA FL 33602

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

TITLE D ☐ Delete
NAME YELVINGTON, FLEVRY
STREET ADDRESS 3030 W DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ST ☐ Delete
NAME WILLARD, ROSE M
STREET ADDRESS 6304 BENJAMIN RD STE 503
CITY-ST-ZIP TAMPA FL 33634

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rose M. Willard
Sec./Treas.
ROSE M. WILLARD

1/28/00 (813)885-5434

CR2E034 (9/99)