2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90103 018 ***150.00

DOCUMENT # H73767

1. Entity Name
DOW SHERWOOD CORPORATION

Principal Place of Business	Mailing Address
6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US	6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US

☐ CHECK HERE IF MAKING CHANGES

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 59-2576935 ☐ 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
WOLFE, RANDY 100 NORHT TAMPA STREET SUITE 2700 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONELLI, MICHAEL 201 E KENNEDY, SUITE 1700 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J. Michael Gramling 9205 Connechusett Rd. Tampa, FL 33687	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINSHIP, CHARLES 505 E. JACKSON ST., STE. 308 TAMPA FL 33602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Titze 1906-A Buford Blvd. Tallahassee, FL 32308-4443	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERTS, C KIRT 6304 BENJAMIN RD STE 503 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chuck Luthin P.O. Box 7450 Clearwater, FL 33758-7450	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPADA, ALFRED T 1808 CONTINENTAL AVENUE, SUITE 112 NAPERVILLE IL 60563	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James C. Walker 4423 N. Greenview Ave. 4809 Melrose Ave Tampa, FL 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVAREZ, DENNIS 201 E KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, GLENN 2868 MEADOW WOOD DR. CLEARWATER FL 33761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED C. Kirt Roberts 1/7/03 (813) 885-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #