

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71288

1. Entity Name

Dowling Signs, Inc.



FILED

03 SEP 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2834 N. Main Street

3. Mailing Address

2834 N. Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number

59-2797163

Applied For

Not Applicable

Zip
32609

Country
USA

Zip
32609

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Erin Crumley

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

2834 N. Main Street

City
Gainesville

FL

Zip Code
32609

**DO NOT WRITE
IN THIS SPACE**

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

Erin Crumley

9/9/2003

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P - Lynn Dowling
2834 N. Main Street
Gainesville, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V - Rick Waddell (New Addition)
2834 N. Main Street
Gainesville, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/S - Jack Lee (New Addition)
2834 N. Main Street
Gainesville, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Lee

9/9/2003

Date

352-376-0456

Daytime Phone #

CR2E0346 (12/02)

7/9/15