

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90014 001 ***150.00

DOCUMENT # P00000036001

1. Entity Name
DOWFANG, INC.

Principal Place of Business

1208 N PASSIONS AVENUE
BRANDON FL 33510

Mailing Address

1208 N PASSIONS AVENUE
BRANDON FL 33510

2. Principal Place of Business

1208 N. PARSONS AVE

Suite, Apt. #, etc.

BRANDON

City & State

FL

Zip **33510**

Country

HILLS

3. Mailing Address

1208 N. PARSONS AVE

Suite, Apt. #, etc.

BRANDON

City & State

FL

Zip **33510**

Country



B0014516

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3637593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete

NAME **TRAWICK, WILLIAM M**
 STREET ADDRESS **428 BENSON STREET**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VP** ☐ Delete

NAME **TRAWICK, MAREE**
 STREET ADDRESS **1208 N PASSION AVENUE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition

NAME **WILLIAM TRAWICK**
 STREET ADDRESS **1704 QUAILS NEST DR. # 301**
 CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **VP** ☒ Change ☐ Addition

NAME **MAREE TRAWICK**
 STREET ADDRESS **1208 N. PARSONS AVE**
 CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-02

Date

813 657-9675

Daytime Phone #

CR2E034 (9/01)