2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on

Feb 19, 2002 8:00 am DOCUMENT # P00000084960 **Secretary of State** 1. Entity Name 02-19-2002 90076 038 ***150.00 MARGARIT DOWLING, P.A. Principal Place of Business Mailing Address 9925 WOODSTOCK LANE 9925 WOODSTOCK LANE PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3672175 Not Applicable ~ Zip Country -- Country --. Zip. ---\$8.75 Additional 5. Certificate of Status Desired ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWLING, MARGARIT Street Address (P.O. Box Number is Not Acceptable) 9925 WOODSTOCK LANE PORT RICHEY FL 34668 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change ☐ Addition TITLE l dPS ☐ Delete TITLE NAME NAME DOWLING, MARGARIT STREET ADDRESS STREET ADDRESS 9925 WOODSTOCK LANE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-> TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 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