

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90278 012 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

|  |  |
|--|--|
| <b>DOCUMENT # P00000084960</b>   |  |
| 1. Entity Name<br><b>MARGARIT DOWLING, P.A.</b>                                    |  |
| Principal Place of Business<br><b>9925 WOODSTOCK LANE<br/>PORT RICHEY FL 34668</b> | Mailing Address<br><b>9925 WOODSTOCK LANE<br/>PORT RICHEY FL 34668</b> |
| 2. Principal Place of Business   | 3. Mailing Address   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |
| City & State   | City & State   |
| Zip  | Country  |

|   |  |
|---|--|
| 4. FEI Number <b>59-3672175</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                           |  | 7. Name and Address of New Registered Agent        |  |
| <b>DOWLING, MARGARIT<br/>9925 WOODSTOCK LANE<br/>PORT RICHEY FL 34668</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS<br/>DOWLING, MARGARIT<br/>9925 WOODSTOCK LANE<br/>PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** *MARGARIT DOWLING* **SIGNATURE REQUIRED** *MARGARIT DOWLING* **DATE:** *Feb 1-20-03* **DAYTIME PHONE #:** *(727) 809-2222*