

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 045 ***150.00

DOCUMENT # **P00000090673**

1. Entity Name

DOWSCAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 FOREST LAKE BLVD.

Suite, Apt. #, etc.

SUITE 2

City & State

DAYTONA BCH, FL

32119

Country

USA

3. Mailing Address

1 FOX RUN TR.

Suite, Apt. #, etc.

City & State

ORMOND BCH, FL

32174

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when withdrawing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **PD**
NAME: **STRICKHOUSER, CHARLES L.**
STREET ADDRESS: **1 FOX RUN TRAIL**
CITY-STATE-ZIP: **ORMOND BCH, FL 32174**

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: **CEO**
NAME: **STRICKHOUSER, CHARLES L.**
STREET ADDRESS: **1 FOX RUN TRAIL**
CITY-STATE-ZIP: **ORMOND BCH, FL 32174**

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: **VST**
NAME: **STRICKHOUSER RHONDA R.**
STREET ADDRESS: **1 FOX RUN TRAIL**
CITY-STATE-ZIP: **ORMOND BCH, FL 32174**

TITLE:
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda R. Strickhouser, VICE PRESIDENT

5-1-02

386-756-1000

CR2E034B (12/01)