

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

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

05-21-2002 91148 040 ***150.00

DOCUMENT #

P01000013843

1. Entity Name

RAQUEL L. MCDOWELL, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1139 Alfredo Avenue

3. Mailing Address

1139 Alfredo Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

The Villages, Florida

City & State

The Villages, Florida

4. FEI Number

59-3697175

Applied For

Not Applicable

Zip

32159

Country

US

Zip

32159

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

7. Name and Address of Current Registered Agent

Name

Raquel L. McDowell

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

1139 Alfredo Avenue

City

The Villages

FL

Zip Code
32159

**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 reinstating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
McDowell, Raquel
1139 Alfredo Avenue
The Villages, Florida 32159

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02

352-259-9047

CR2E034B (12/01)