DOWDY ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

DOWDY, BRANDON

Zip.

7565 CITRUS HILL LANE

NAPLES FL 34109

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT

P01000036108

Mailing Address

NAPLES FL 34109

3. Mailing Address

Suite, Apt. #, etc.

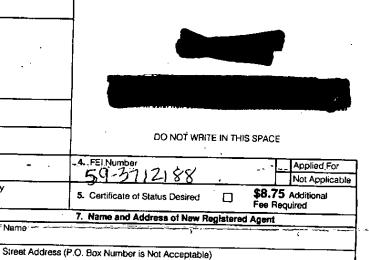
City & State

6. Name and Address of Current Registered Agent

7565 CITRUS HILL LANE

FILED Aug 27, 2002 8:00 am Secretary of State

08-14-2002 90022 033 ***550.00



7565 CITRUS HILL LANE NAPLES FL 34109 Zip Code The bove 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 famillar with, and accept 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 \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME DOWDY, BRANDON NAME STREET ADDRESS 7565 CITRUS HILL LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-77P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIP. CITY-ST-ZIP

Country

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: