

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 040 ***150.00

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

DOCUMENT # P01000096431

1. Entity Name
JEFFREY A. DOWD, P.A.



Principal Place of Business
550 RAO STREET
TAMPA, FL 33609

Mailing Address
P.O. BOX 6190
BRANDON, FL 33508-6190

2. Principal Place of Business

3016 US Hwy 301 N
Suite, Apt. #, etc.
Suite 900

3. Mailing Address

3016 US Hwy 301 N
Suite, Apt. #, etc.
Suite 900

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3738899

Applied For
Not Applicable

Zip
33619

Country
1

Zip
33619

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWD, JEFFREY A
650 REO STREET
SUITE 302
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name Jeffrey A. Dowd, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3016 US Hwy 301 N.
Suite 900
City Tampa FL Zip Code 33619

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

Jeffrey A. Dowd Jeffrey A. Dowd, Pres.

8/1/03

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

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW! FEE \$17.00
AIR MAIL: 2003 FEE WILL BE \$650.00
Amended UBR is \$17.00
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 PSTD ☐ Delete
NAME DOWD, JEFFREY A
STREET ADDRESS 650 REO ST. STE 302
CITY-ST-ZIP TAMPA, FL 33609

TITLE PSTD ☒ Change ☐ Addition
NAME Dowd, Jeffrey A.
STREET ADDRESS 3016 US Hwy 301 N, Suite 900
CITY-ST-ZIP Tampa, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 507, 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:

Jeffrey A. Dowd Jeffrey A. Dowd, Pres. 8/1/03 813-655-9193

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CP2E034 (10/02)

Attachment

JEFFREY A. DOWD, P.A.

Attorney and Counselor at Law



80136337

P01000096437

August 1, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Jeffrey A. Dowd, P.A.
P01000096431

Dear Sir/Madam:

Please be advised that Jeffrey A. Dowd, P.A. did not previously receive the Uniform Business Report. Enclosed please find a completed and updated Uniform Business Report along with the required annual filing fee of \$150.00. At this time I would ask that you please waive the \$400.00 late fee as Jeffrey A. Dowd, P.A. did not previously receive the Uniform Business Report.

Should you have any questions, please call.

Sincerely,

JEFFREY A. DOWD, P.A.

Jeffrey A. Dowd
President