

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30664

1. Entity Name

DOWDLE BUTANE GAS COMPANY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90010 006 ***150.00

Principal Place of Business

Mailing Address

ATTN: JOHN R. BOWEN
P.O. BOX 9129
COLUMBUS MS 39705-9129

ATTN: JOHN R. BOWEN
P.O. BOX 9129
COLUMBUS MS 39705-0016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0372952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, ALICE
HWY 20 & MADDISON AVE.
FREEPORT FL 32439

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KOEHLER, JOHN P	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HONNOLL, W. BURDETTE	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOWEN, JOHN R	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DOWDLE, J. NUTIE	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JATINES, MARK	
STREET ADDRESS	2413 HWY 45 N	
CITY-ST-ZIP	COLUMBUS MS	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYNES, mark
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, 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 #

1/5/2000 662-328-2080