

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90166 033 \*\*\*150.00

**DOCUMENT # P30664**  
**1. Entity Name**  
**DOWDLE BUTANE GAS COMPANY, INC.**

**Principal Place of Business**  
**ATTN: JOHN R. BOWEN**  
**P.O. BOX 9129**  
**COLUMBUS MS 39705-9129**

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



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 64-0372952		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>WOOD, ALICE</b> <b>HWY 20 &amp; MADDISON AVE.</b> <b>FREEPORT FL 32439</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P <b>NAME</b> KOEHLER, JOHN P <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT <b>NAME</b> Dennis, Gary <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> Columbus MS 39705-9129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> FRANKLIN, LARRY <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> HONNOLL, W. BURDETTE <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> ST <b>NAME</b> BOWEN, JOHN R <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> CD <b>NAME</b> DOWDLE, J. NUTIE <b>STREET ADDRESS</b> 2413 HIGHWAY 45 NORTH <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> JAYNES, MARK <b>STREET ADDRESS</b> 2413 HWY 45 N <b>CITY-ST-ZIP</b> COLUMBUS MS 39705-9129	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

**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 OF JOHN R. BOWEN Secretary/Treasurer 1/22/02 662-328-2080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)