

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

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

02-06-2003 90048 004 ***158.75

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



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	DENNIS, GARY	
STREET ADDRESS	2413 HWY US 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 checked="" 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	JAYNES, MARK	
STREET ADDRESS	2413 HWY 45 N	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Franklin	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	
CITY-ST-ZIP	Columbus MS 39705	
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		
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		

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 607, 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:

SIGNATURE REQUIRED
Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

662-328-2080
Daytime Phone #

CR2E034 (10/02)