

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90347 015 \*\*\*150.00

DOCUMENT # P93000070354

1. Entity Name

CJ Dowling Company, Inc.



**DO NOT WRITE IN THIS SPACE**

14015436

2. Principal Place of Business

2930 N.W. Commerce Park Drive

3. Mailing Address

2930 N.W. Commerce Park Drive

Suite, Apt. #, etc.

# A

Suite, Apt. #, etc.

# A

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

Country

33426

U.S.A.

Zip

Country

33426

U.S.A.

4. FEI Number

65-0441953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John J. Dowling

Street Address (P.O. Box Number is Not Acceptable)

2930 N.W. Commerce Park Drive # A

City

Boynton Beach

FL

Zip Code  
33426

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P  
NAME John J. Dowling  
STREET ADDRESS 2930 N.W. Commerce Park Drive # A  
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE V  
NAME Michael D. Dowling  
STREET ADDRESS 2930 N.W. Commerce Park Drive # A  
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

John J. Dowling

04-27-2004 5615404500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)