

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90364 015 ***150.00

DOCUMENT # P94000008093

1. Entity Name
DOWELL SYSTEMS, INC.

Principal Place of Business

7028 W. WATERS AVE.
TAMPA FL 33634
US

Mailing Address

P.O. BOX 21728
TAMPA FL 33622-1728
US

2. Principal Place of Business

8313 W. Hillsborough Ave

Suite, Apt. #, etc.

Ste 210

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3219953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOWELL, VERN

7028 W WATERS AVENUE

TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

VERN DOWELL

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

8313 W. Hillsborough Ave

Suite 210

City

TAMPA

FL

Zip Code

33615

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

Vern Dowell

VERN DOWELL Director

4/22/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **DOWELL, VERN**
 STREET ADDRESS **7028 W WATERS AVE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
 NAME **DOWELL, LINDA**
 STREET ADDRESS **7028 W WATERS AVE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
 NAME **DOWELL, DOUG**
 STREET ADDRESS **13459 E ESTRELLA AVENUE**
 CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE **D** ☐ Delete
 NAME **SMITH, FRED**
 STREET ADDRESS **2615 S. WESTSHORE BLVD.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8313 W. Hillsborough Ave Ste 210**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8313 W. Hillsborough Ave Ste 210**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Vern Dowell **VERN DOWELL Director**

4/22/02

813-249-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)