

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90117 047 \*\*\*150.00

**DOCUMENT # P96000020405**

1. Entity Name

**DOWLING PLANNING ASSOCIATES, INC.**

Principal Place of Business

P.O. BOX 522670  
 LONGWOOD FL 32752

Mailing Address

215 NORTH EOLA DRIVE  
 ORLANDO FL 32801

00000003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3366555**

Applicable  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** Added to

11. OFFICERS AND DIRECTORS

TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>DOWLING, RENAE M</b>	
STREET ADDRESS	<b>PO BOX 522670</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32752</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>DOWLING, AARON M</b>	
STREET ADDRESS	<b>P.O. BOX 522670</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32752</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Aaron Dowling*

*April 16, 2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**AARON M. DOWLING, PRESIDENT**

Date

Signature