

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90048 043 \*\*\*150.00

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<b>DOCUMENT # P97000000097</b>			
1. Entity Name <b>DAWN LANKFORD BOWLING, P.A.</b>			
Principal Place of Business <b>MIAMI CENTER, SUITE 3000 201 S. BISCAYNE BOULEVARD MIAMI FL 33131</b>		Mailing Address <b>MIAMI CENTER, SUITE 3000 201 S. BISCAYNE BOULEVARD MIAMI FL 33131</b>	
2. Principal Place of Business		3. Mailing Address <b>1021 SW 156 Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Pembroke Pines, FL</b>	
Zip	Country	Zip	Country
<b>33027</b>	<b>USA</b>	<b>33027</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOWLING, DAWN LANKFORD MIAMI CENTER, SUITE 3000 201 S. BISCAYNE BOULEVARD MIAMI FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>1021 SW 156 Avenue</b>	
		City	Zip Code
<b>Pembroke Pines, FL</b>		<b>33027</b>	
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 <i>Dawn Bowling</i> Signature, typed or printed name of registered agent and title if applicable		DATE <b>3/10/02</b> (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOWLING, DAWN LANKFORD 201 S. BISCAYNE BOULEVARD, SUITE 300 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Dawn Bowling</i> President <b>3/10/02 305-586-5350</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)