

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092877

1. Entity Name

DOW DAWGS, INC.

Principal Place of Business

3161-4 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE FL 32246

Mailing Address

3161-4 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE FL 32246-3741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURRY, EDGAR W JR
3161-4 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE FL 32246

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCURRY, EDGAR W JR	
STREET ADDRESS	3161-4 ST. JOHNS BLUFF ROAD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOSS, FRANCES W	
STREET ADDRESS	3161-4 ST. JOHNS BLUFF RD S STE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADFORD, SHERYL	
STREET ADDRESS	3161 ST. JOHNS BLUFF RD S STE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEFANSEN, PAMELA S	
STREET ADDRESS	3161 ST. JOHNS BLUFF RD S STE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCURRY, EDGAR W III	
STREET ADDRESS	3161 ST. JOHNS BLUFF RD., S. STE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edgar W. McCurry, Jr.
Edgar W. McCurry, Jr., Pres.

3/21/00

(904)645-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90104 038 ***150.00