

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90066 009 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3474937

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edgar W. McCurry, Jr.* **SIGNATURE REQUIRED** *3/26/03 904-645-6555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)