2000 UNIFORM BUSINESS REPORT (UBR)

DOCMMENT # P9900051656						FILED May 09, 2000 8:00 am Secretary of State				
DOW & ASSOCIATES, INC.										
Principal Place	e of Business	Mailing Address		_ 	1	03-31	-2000 90081	023 ***1	50.00	
3421 MAHONEY TALLAHASSEE 1		PMB 334, 1400-3 VILLAGE SQUARE BLVD. TALLAHASSEE FL 32312-1250								
21400-	3] 11	AFRICADO DO CARRO DA CORRESA DA CO	r ad in) erini ad iri eni	 4 11 11 11 11 11 11 11 11 1		
	LLAGE SAYARE BLVD.	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI N	Number 3/- C 0	110	App	olied For	
ZIO COUNTRY		Zip Country			4. FEI Number 3582168 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional					
323	<u>u.s.</u>			• •		ficate of Status Desi		ee Required		
	6. Name and Address of Current	Registered Agent		Name C		e and Address of N				
DOW	/, WILLIAM A IN			Street Address	ME (P.O. Box N	KEBUTEK Jumber is Not Accep	taple)*	7		
	MAHONEY DRIVE AHASSEE FL 32308			Street Address (P.O. Box Number is Not Acceptable) 1400-3 VIUAGE SQUAKE BLVD,						
IALL	AN INOSEE TE SEGUO			City				Zin Code		
8. The above named entity submits this statement for the purpose of changing its regi				THLUA HASSEE 12 323/2				12		
o. The adove	Trained entity submits this statement for	r the purpose of changing if	is registere	ed onice or registe	sied agent,	or both, in the State	oi Fiorioa.	-		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable INC	TE: Basistera	d Agent signature requir	ad when remete	too)	DATE	. —		
	pration is eligible to satisfy its Intangible			IS \$150.00	CO WIET TONISIE		-			
Tax filing r	requirement and elects to do so.	After MAY 1, 2	2000 Fee	will be \$550.00		 Election Campaig Trust Fund Contri 			May Be to Fees	
(See criter	ria on back) . OFFICERS AND	Make Check Paya	ible to De	epartment of St		IONS/CHANGES TO	OFFICERS AND			
TITLE	PRESIDENT/ VICE PRES		TITLE		ADDII	10/10/10/ IAINGLES TO	OT TOLING AIND	☐ Change		
NAME STREET ADDRESS (1400-3 VILLAGE SAUA	RE BLUD.	NAM Stre	E Et adoress					CR2E034 (9/99)	
CITY-ST-ZIP	TALLAHASSEE, PL 32312			-ST-ZIP						
TITLE NAME	SECRETARY / TREASU	UREA □ De ete	TITU Nam	1				☐ Change	☐ Addition 5	
STREET ADDRESS	LAROLE, DOWN 1400-3 VILLAGE SQUARE BLUD. TALLAHASSER FL 32312		STRE	EET ADDRESS		,				
City-St-zip	TALLAHASSER PL	3 2 3 1 └─ ☐ Delete -		-ST-ZIP	 _			[7] Change 7	- [] Addition	
NAME		Lii Desele	NAM					TI cuanda	☐ ₩ooman	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE		Delete	TITL	E				Change	☐ Addition	
NAME STREET ADDRESS			NAM STR	ie Eet adoress						
CITY-ST-ZIP				(-ST-ZIP						
TITLE NAME		☐ Delete	TITL NAM					Change	Addition	
STREET ADDRESS				EET ADDRESS					}	
CITY-ST-ZIP		m		/-ST-ZIP				Channe	E Addition	
TITLE NAME		Delete	TITL NAM	1				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
13. I hereby	certify that the Information supplied with	h this filing does not qualify	for the exc	emption stated in	Section 119	9.07(3)(i), Florida Sta	tutes. I further ce	rtify that the I	nformation	
indicated of the co	d on this report or supplemental report in inportation or the receiver or trustee empth, or on an attachment with an address.	is true and accurate and the powered to execute this repo	at my signa ort as requ	ature shall have th	e same leg	al effect as if made i	inder oath; that I y name appears i	am an officer in Block 11 o	or director r Block 12 if	
SIGNAT		UND REGICA	ROL. E	E. DOW		3/28/0		-847-	1285	
1	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	HOT		Date "	I	Daytime Phone #	1	