2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am DOCUMENT # **P99000091963 Secretary of State** DOW CONSTRUCTION, INC. 03-01-2000 90080 046 ***158.75 Mailing Address Principal Place of Business C/O JOSEPH S. DAVIDOW C/O JOSEPH S. DAVIDOW 2895 TIMBERCREEK CR. 2895 TIMBERCREEK CR. **BOCA RATON FL 33431 BOCA RATON FL 33431-4048** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-097 Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIDOW, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 2895 TIMBERGREEK CR. -BOCA RATON FL 33431 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Delete TITLE TITLE DAVIDOW, JOSEPH S NAME STREET ADDRESS 2895 TIMBERCREEK CR. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP VICE President TITLE ☐ Delete TITLE aomi M. Doner NAME NAME paim Aire Dr S. #601 STREET ADDRESS STREET ADDRESS 33069 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition