

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90058 014 ***158.75

DOCUMENT # S80029

1. Entity Name
B.D.Q., INC.

Principal Place of Business

Mailing Address

**305 GREENBRIER DR
PALM SPRINGS FL 33461**

**305 GREENBRIER DR
PALM SPRINGS FL 33461**

2. Principal Place of Business

3. Mailing Address

8037 STIRRUP CAY CT.

8037 STIRRUP CAY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0285810

Applied For

Not Applicable

Zip

33436

Country

U.S.A.

Zip

33436

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWDY, DOUGLAS A
305 GREENBRIER DR
PALM SPRINGS FL 33461**

Name

ERIC D. DOWDY

Street Address (P.O. Box Number is Not Acceptable)

8037 STIRRUP CAY CT.

City

BOYNTON BEACH

FL

Zip Code

33436

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]

ERIC D. DOWDY

1-2-2001

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, 2001 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | DOWDY, DOUGLAS A | |
| STREET ADDRESS | 305 GREENBRIER DR | |
| CITY-ST-ZIP | PALM SPRINGS FL | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | DOWDY, SARA | |
| STREET ADDRESS | 305 GREEN BRIAR DRIVE | |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | DOWDY, ERIC P | |
| STREET ADDRESS | 2366 TAYLOR LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUGLAS A. DOWDY | |
| STREET ADDRESS | 305 GREENBRIER DR. | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARA A. DOWDY | |
| STREET ADDRESS | 305 GREENBRIER DR | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOWDY, ERIC D. | |
| STREET ADDRESS | 8037 STIRRUP CAY CT. | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
| 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 | | |

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:

[Signature] **D.A. DOWDY**

Date

Daytime Phone #

4/26/01 (561) 736-3804

CR2E034 (10/00)