

03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45340

1. Entity Name

DOWG PROPERTIES OF WNY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 N. MAGNOLIA ST.

Suite, Apt. #, etc.

3. Mailing Address
110 N. MAGNOLIA ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL

Zip
32301

Country
U.S.A.

City & State
TALLAHASSEE, FL

Zip
32301

Country
U.S.A.

4. FEI Number
16-1420593

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

THE PRENTICE - HALL CORPORATION SYSTEM, INC.

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

1201 HAYS STREET

SUITE 105

City
TALLAHASSEE

FL

Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DAY, DONALD S.
100 M & T CENTER
BUFFALO, NY 14202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700018839107
05/13/03--01060--028 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #