

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 456936

1. Entity Name
BOWERS PUBLISHING COMPANY OF FLORIDA, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90034 037 ***150.00

Principal Place of Business
9049 CALLAWAY DR
NEW PORT RICHEY FL 34655
US

Mailing Address
P O BOX 3867
HOLIDAY FL 34690
US

CUUU5814



DO NOT WRITE IN THIS SPACE

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	25-1201571	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOWERS, MARK L 9049 CALLAWAY DR NEW PORT RICHEY FL 34655		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	BOWERS, MARK L.	NAME	
STREET ADDRESS	9049 CALLAWAY DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	BOWERS, HELEN L	NAME	Bowers, Helen L.
STREET ADDRESS	9049 CALLAWAY DR	STREET ADDRESS	11051 Wedgemere Dr
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	Trinity, FL 34655
TITLE	D	TITLE	
NAME	BOWERS, CAROL L	NAME	
STREET ADDRESS	9049 CALLAWAY DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	
TITLE	VP	TITLE	VP
NAME	BOWERS, GEORGE R	NAME	BOWERS, GEORGE R.
STREET ADDRESS	9049 CALLAWAY DR	STREET ADDRESS	11051 Wedgemere Dr
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	Trinity, FL 34655
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.

SIGNATURE: Mark L Bowers MARK L. BOWERS 01-10-01 727 376 0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0558944

CR2E034 (10/00)