

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L00000009592**

1. Entity Name  
**STOWELL PROPERTIES, LLC**

Principal Place of Business  
**2873 THORNTON RD  
CLEARWATER FL 34759**

Mailing Address  
**2873 THORNTON RD  
CLEARWATER FL-~~34759~~  
33759**

2. Principal Place of Business  
**2873 THORNTON ROAD**

Suite, Apt. #, etc. **NONE**

3. Mailing Address  
**2873 THORNTON ROAD**

Suite, Apt. #, etc. **NONE**

City & State  
**CLEARWATER, FL.**

City & State  
**CLEARWATER, FL.**

Zip  
**33759**

Country  
**PINELLAS**

Zip  
**33759**

Country  
**PINELLAS**

4. FEI Number  
**59-3663356**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STOWELL, ALLAN  
2873 THORNTON ROAD  
CLEARWATER FL 34759**

7. Name and Address of New Registered Agent

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 *Allan J. Stowell* **ALLAN J. STOWELL, MANAGER NOV. 5, 2001**

Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**MANAGER  
ALLAN J. STOWELL  
2873 THORNTON ROAD  
CLEARWATER, FL. 33759**

**800004716718--6**  
**-12/10/01-01083-011**  
**\*\*\*155.00 \*\*\*155.00**

**REINSTATEMENT**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Allan J. Stowell* **727-799-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE DATE

FILED  
01 NOV 20 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)