

# 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

6. Name and Address of Current Registered Agent

STOWELL, ALLAN  
2873 THORNTON ROAD  
CLEARWATER FL 34759

4. FEI Number  
59-3663356

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]

727-799-3500

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E083 (11/00)