

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90246 010 ***150.00

DOCUMENT # P95000055288

1. Entity Name

MARVIN FOWLER ENTERPRISES, INC.

Principal Place of Business

**5065 CHUMUCKLA HWY.
 PACE FL 32571
 US**

Mailing Address

**5065 CHUMUCKLA HWY.
 PACE FL 32571
 US**

2. Principal Place of Business

4885 W. Spencer Field Rd
 Suite, Apt. #, etc.

3. Mailing Address

4885 W. Spencee Field Rd
 Suite, Apt. #, etc.

City & State

Pace FL

City & State

Pace FL

4. FEI Number

59-3338114

Applied For

Not Applicable

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER, MARVIN SR.
 3441 LUTHER FOWLER RD
 PACE FL 32571**

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

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, 2002 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

TITLE ☐ Delete
 NAME **V FOWLER, MARVIN SR.**
 STREET ADDRESS **3441 LUTHER FOWLER RD**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Marvin Fowler, SR**
 STREET ADDRESS **3441 Luther Fowler Rd**
 CITY-ST-ZIP **Pace FL 32571**

TITLE ☐ Change ☒ Addition
 NAME **Marvin Fowler, JR**
 STREET ADDRESS **3441 Luther Fowler Rd**
 CITY-ST-ZIP **Pace FL 32571**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2002 850-994-6627
 Date Daytime Phone #

CR2E034 (9/01)