

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90236 015 \*\*\*150.00

**DOCUMENT # 456936**

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

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| Principal Place of Business<br>P O BOX 7077<br>WESLEY CHAPEL FL 33543-7077<br>US | Mailing Address<br>P O BOX 7077<br>WESLEY CHAPEL FL 33543-7077<br>US |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>9049 Callaway Dr</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>P.O. Box 3867</b><br>Suite, Apt. #, etc. |
|--|---|

|  |                                    |                                    |  |
|--|------------------------------------|------------------------------------|--|
| City & State<br><b>New Port Richey, FL</b> | City & State<br><b>Holiday, FL</b> | 4. FEI Number<br><b>25-1201571</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>34655</b>                        | Country<br><b>USA</b>              | Zip<br><b>34690</b>                | Country<br><b>USA</b>                                  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BOWERS, MARK L<br/>4716 TAMPA DOWNS BLVD<br/>LUTZ FL 33549</b> | 7. Name and Address of New Registered Agent<br>Name <b>MARK L. BOWERS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9049 Callaway Dr</b><br>City <b>New Port Richey, FL</b> Zip <b>34655</b> |
|--|--|

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
|---|---------------------------------|--|--|
| TITLE<br>P<br>NAME<br>BOWERS, MARK L.<br>STREET ADDRESS<br>4716 TAMPA DOWNS BLVD<br>CITY-ST-ZIP<br>LUTZ FL              | <input type="checkbox"/> Delete | TITLE<br>P<br>NAME<br>Bowers MARK L.<br>STREET ADDRESS<br>9049 Callaway Dr<br>CITY-ST-ZIP<br>New Port Richey, FL 34655     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>BOWERS, HELEN L<br>STREET ADDRESS<br>6079 OLD PASCO ROAD<br>CITY-ST-ZIP<br>WESLEY CHAPEL FL       | <input type="checkbox"/> Delete | TITLE<br>D<br>NAME<br>Bowers, Helen L.<br>STREET ADDRESS<br>9049 Callaway Dr<br>CITY-ST-ZIP<br>New Port Richey, FL 34655   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>BOWERS, CAROL L<br>STREET ADDRESS<br>4716 TAMPA DOWNS BLVD<br>CITY-ST-ZIP<br>LUTZ FL              | <input type="checkbox"/> Delete | TITLE<br>D<br>NAME<br>BOWERS CAROL L<br>STREET ADDRESS<br>9049 Callaway Dr<br>CITY-ST-ZIP<br>New Port Richey, FL 34655     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>VP<br>NAME<br>BOWERS, GEORGE R<br>STREET ADDRESS<br>6079 OLD PASCO RD<br>CITY-ST-ZIP<br>WESLEY CHAPEL FL 33544 | <input type="checkbox"/> Delete | TITLE<br>VP<br>NAME<br>BOWERS, GEORGE R.<br>STREET ADDRESS<br>9049 Callaway Dr<br>CITY-ST-ZIP<br>New Port Richey, FL 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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** Date: 2-14-00 Daytime Phone #: (727) 376-0441

CR2E034 (9/99)