

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.

Principal Place of Business P O BOX 7077 WESLEY CHAPEL FL 33543-7077 US	Mailing Address P O BOX 7077 WESLEY CHAPEL FL 33543-7077 US
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2. Principal Place of Business 9049 Callaway Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3867 Suite, Apt. #, etc.
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City & State New Port Richey, FL	City & State Holiday, FL	4. FEI Number 25-1201571	Applied For <input type="checkbox"/> Not Applicable
Zip 34655	Country USA	Zip 34690	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOWERS, MARK L 4716 TAMPA DOWNS BLVD LUTZ FL 33549	7. Name and Address of New Registered Agent Name MARK L. BOWERS Street Address (P.O. Box Number is Not Acceptable) 9049 Callaway Dr City New Port Richey, FL Zip Code 34655
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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. (See criteria on back) <input type="checkbox"/>	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. <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 NAME BOWERS, MARK L. STREET ADDRESS 4716 TAMPA DOWNS BLVD CITY-ST-ZIP LUTZ FL	<input type="checkbox"/> Delete	TITLE P NAME Bowers MARK L. STREET ADDRESS 9049 Callaway Dr CITY-ST-ZIP New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOWERS, HELEN L. STREET ADDRESS 6079 OLD PASCO ROAD CITY-ST-ZIP WESLEY CHAPEL FL	<input type="checkbox"/> Delete	TITLE D NAME Bowers, Helen L. STREET ADDRESS 9049 Callaway Dr CITY-ST-ZIP New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOWERS, CAROL L. STREET ADDRESS 4716 TAMPA DOWNS BLVD CITY-ST-ZIP LUTZ FL	<input type="checkbox"/> Delete	TITLE D NAME BOWERS CAROL L. STREET ADDRESS 9049 Callaway Dr CITY-ST-ZIP New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BOWERS, GEORGE R. STREET ADDRESS 6079 OLD PASCO RD CITY-ST-ZIP WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete	TITLE VP NAME BOWERS, GEORGE R. STREET ADDRESS 9049 Callaway Dr CITY-ST-ZIP New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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)