

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90154 003 ***150.00

DOCUMENT # 242249

1. Entity Name
FOWLER INVESTMENTS, INC.

Principal Place of Business
**4730 PRINCE EDWARD RD
400 LEVY RD
JACKSONVILLE FL 32210
US**

Mailing Address
**4730 PRINCE EDWARD RD
JACKSONVILLE FL 32210
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1596 Lancaster Terrace

3. Mailing Address
1596 Lancaster Terrace

Suite, Apt. #, etc.
Unit 12 A

Suite, Apt. #, etc.
Unit 12 A

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-0953591**

Applied For
Not Applicable

Zip
32204

Country
US

Zip
32204

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER, L. B.
4730 PRINCE EDWARD RD
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name
L. B. Fowler
Street Address (P.O. Box Number is Not Acceptable)
1596 Lancaster Terrace
Unit 12 A
City
Jacksonville FL Zip Code
32204

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
PD ☐ Delete
NAME
FOWLER, R W
STREET ADDRESS
4730 PRINCE EDWARD
CITY-ST-ZIP
JACKSONVILLE FL 32210

TITLE
VD ☐ Delete
NAME
FOWLER, B.
STREET ADDRESS
4730 PRINCE EDWARD
CITY-ST-ZIP
JACKSONVILLE FL 32210

TITLE
SD ☐ Delete
NAME
FOWLER, CORALINE T
STREET ADDRESS
4730 PRINCE EDWARD
CITY-ST-ZIP
JACKSONVILLE FL 32210

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
Pres/Dir ☒ Change ☐ Addition
NAME
R. W. Fowler
STREET ADDRESS
993 Ponte Vedra Blvd.
CITY-ST-ZIP
Ponte Vedra Beach, FL 32004

TITLE
Vice Pres/Dir ☒ Change ☐ Addition
NAME
L. B. Fowler
STREET ADDRESS
1596 Lancaster Terrace/Unit 12 A
CITY-ST-ZIP
Jacksonville, FL 32204

TITLE
Sec/Dir ☒ Change ☐ Addition
NAME
C. T. Fowler
STREET ADDRESS
993 Ponte Vedra Blvd.
CITY-ST-ZIP
Ponte Vedra Beach, FL 32004

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:

L. B. Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 *904* *355-8580*

CR2E034 (9/01)