

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90155 038 ***150.00

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DOCUMENT # 258193

1. Entity Name
FOWLER-SEABOARD, INC.

Principal Place of Business
4730 PRINCE EDWARD ROAD
JACKSONVILLE FL 32210
US

Mailing Address
4730 PRINCE EDWARD ROAD
JACKSONVILLE FL 32210
US



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 **59-0967957**

Applied For
☐ Not Applicable

Zip **32204** Country ~~XXXXXX~~ **USA**

Zip **32204** Country ~~XXXXXX~~ **USA**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOWLER, L.B.
4730 PRINCE EDWARD ROAD
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 _____ (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, L 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 Terr/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 **1/16/02**

Daytime Phone # **904 355-8980**

CR2E034 (9/01)