

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90155 040 ***150.00

0025059 AV

DOCUMENT # 298545

1. Entity Name
FOWLER INDUSTRIAL SALES, INC.

Principal Place of Business
**C/O ROBERT W FOWLER
4730 PRINCE EDWARD RD
JACKSONVILLE FL 32210
US**

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



2. Principal Place of Business
1596 Lancaster Terrace

Suite, Apt. #, etc.
Unit 12 A

City & State
Jacksonville, FL

Zip
32204

Country
USA

3. Mailing Address
1596 Lancaster Terrace

Suite, Apt. #, etc.
Unit 12 A

City & State
Jacksonville, FL

Zip
32204

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1105492

Applied For
☐ Not Applicable

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 _____ (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
NAME
FOWLER, R W
STREET ADDRESS
4730 PRINCE EDWARD
CITY-ST-ZIP
JACKSONVILLE FL 32210

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 L. B. Fowler 1/16/02 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 355-8580

101 CR2024 (9/01)