

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90083 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367098
 1. Entity Name
Lowry of Florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 36 W. Illiana Street
 Suite, Apt. #, etc.

3. Mailing Address
 36 W. Illiana Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32806

Country
 ORANGE

4. FEI Number
 59-1316642

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **H. Clay Lowry**

Street Address (P.O. Box Number is Not Acceptable)
8015 Landgrove Court

City **Orlando** FL Zip Code **32819**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOWRY (H. CLAY) 8015 LANDGROVE COURT ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWRY, H CLAY 8015 LANDGROVE COURT ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWRY, GAIL M 8015 LANDGROVE COURT ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Clay Lowry* **H. CLAY LOWRY** 05/01/02 (407) 206-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)