

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 443759

1. Entity Name

FOWLER SAILS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90055 020 ***150.00

Principal Place of Business

2210 N.W. 14 STREET #10
MIAMI FL 33125

Mailing Address

2210 N.W. 14 STREET #10
MIAMI FL 33142-5347

2. Principal Place of Business

3803 NW 25TH AVE

3. Mailing Address

3803 NW 25TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-1593055

Applied For

Not Applicable

Zip

33142-5347

Country

Zip

33142-5347

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, CHARLES A
2210 NW 14 ST 10
MIAMI, FL
33125

Name

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

3803 NW 25TH AVE

City

MIAMI

FL

Zip Code

33142-5347

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☐ Delete
NAME FOWLER, NANCY W
STREET ADDRESS 270 NE 48TH TERR
CITY-ST-ZIP MIAMI, FL 00000 33137

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 3803 N. W. 25TH AVE
CITY-ST-ZIP address only

TITLE DTP ☐ Delete
NAME FOWLER, CHARLES A.
STREET ADDRESS 2210 NW 14 ST 10
CITY-ST-ZIP MIAMI, FL 00000 33125

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME FOWLER, CHARLES
STREET ADDRESS 261 N.E. 48 TERR.
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

Nancy W. Fowler

NANCY W. FOWLER

2 Feb 2000

305 638-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)