

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90012 049 \*\*\*150.00

709502



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 464696**

**1. Entity Name**  
**SOWELL TRACTOR COMPANY, INC.**

Principal Place of Business

Mailing Address

2841 HIGHWAY 77 NORTH  
 P.O. BOX 744  
 CITY FL 32405

PO BOX 391  
 PANAMA CITY FL 32402-0391  
 US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-1551844**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32405**

**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**

**SOWELL, ROXANNE L**  
**2841 HIGHWAY 77 NORTH**  
**PANAMA CITY FL 32405**

Name

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

City

**FL**

Zip Code

**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** Roxanne L. Sowell/VP Admin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Roxanne L. Sowell 1/25/00

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SOWELL, ELEANOR W</b>	
STREET ADDRESS	<b>2841 HWY 77 NORTH</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SOWELL, ROBERT C</b>	
STREET ADDRESS	<b>2600 FIRST PLAZA</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SOWELL, ROXANNE L</b>	
STREET ADDRESS	<b>4455 W 19TH ST #16</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOWELL, ROBIN L</b>	
STREET ADDRESS	<b>1305 ALABAMA AVENUE</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roxanne L. Sowell</b>	
STREET ADDRESS	<b>1407 Rhode Island Avenue</b>	
CITY-ST-ZIP	<b>Lynn Haven, FL. 32444</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Roxanne L. Sowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 850-763-5441

Date

Daytime Phone #

CR2E034 (9/99)