

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 495963

1. Entity Name

LOWE'S CITY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90037 050 ***150.00

Principal Place of Business

5200-28TH STREET NORTH
ST. PETERSBURG FL 33714

Mailing Address

5200-28TH STREET NORTH
ST. PETERSBURG FL 33714-2542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1664385

Applied For
Not Applicable

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

LOWE, CHARLES O
1818 BRIGHTWATERS BLVD
ST PETERSBURG FL 33704

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

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, JUDITH L	
STREET ADDRESS	519 SMITH STONE TRACE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, C LUCILLE	
STREET ADDRESS	939 BEACH DR. E. APT #402	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGARRY, NORMA JEAN	
STREET ADDRESS	166-24TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MR. EUGENE LOWE	
STREET ADDRESS	5200 28TH ST. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWE, CHARLES O	
STREET ADDRESS	1818 BRIGHTWATERS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARREKER, KATHERINE L	
STREET ADDRESS	2678 RIDERWOOD DR	
CITY-ST-ZIP	DECATUR GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *Charles O Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2000

Date

727-525-8081

Daytime Phone #