

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613271

1. Entity Name

FRED BOWMAN REALTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90075 037 ***150.00

Principal Place of Business

Mailing Address

592 S. FERDON BLVD.
PO BOX 1313
CRESTVIEW FL 32536

592 S. FERDON BLVD.
PO BOX 1313
CRESTVIEW FL 32536-1313

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

59-1908087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

C0032614



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, FERRIN C SR
341 HWY 90 WEST
P.O. BOX 846
CRESTVIEW FL

Name

Marie K. Bowman

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

592 S. Ferdon Blvd.

City

Crestview

FL

Zip Code

32536

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

Marie K. Bowman

VPS

March 1, 2000

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 VPS ☒ Delete
NAME BOWMAN, FRED C.
STREET ADDRESS 592 S. FERDON BLVD.
CITY-ST-ZIP CRESTVIEW FL

TITLE VPS ☒ Change ☐ Addition
NAME BOWMAN, MARIE K.
STREET ADDRESS 592 S. FERDON BLVD.
CITY-ST-ZIP CRESTVIEW, FLA.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Marie K. Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-00

Daytime Phone #

850-682-1213

CR2E034 (9/99)