

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90009 002 \*\*\*150.00

0104000

**DOCUMENT # 681617**

1. Entity Name

**BOWER CONSTRUCTION, INC.**

Principal Place of Business

2421 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020  
US

Mailing Address

2421 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020  
US

**C0006599**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2015823**

Applied For

Not Applicable

Zip

Country

Zip

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

**BOWER, WILLIAM**  
**2421 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

Name

**WILLIAM BOWER JR**

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

**2421 HOLLYWOOD BLVD**

City

**HOLLYWOOD**

**FL**

Zip Code

**33020**

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]*

**WILLIAM BOWER JR. 1/8/2001**

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWER, WILLIAM</b>	
STREET ADDRESS	<b>2421 HOLLYWOOD BLVD.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWER, WILLIAM J</b>	
STREET ADDRESS	<b>2421 HOLLYWOOD BLVD.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWER, WILLIAM JR</b>	
STREET ADDRESS	<b>2421 HOLLYWOOD BLVD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Bower Jr 1/8/01 954-925-7400**

Date

Daytime Phone #

CR2E034 (10/00)