

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 811652**

1. Entity Name

LARSON & MCGOWIN, INC.**FILED**
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90005 034 ***150.00

Principal Place of Business

**254 N JACKSON ST
PO BOX 2143
MOBILE AL 36652**

Mailing Address

**254 N JACKSON ST
PO BOX 2143
MOBILE AL 36652**

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

63-0368692

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	COB			
	LARSON, L. KEVILLE	2105 VENETIA RD.	MOBILE AL	
	ST			
	LITTLE, JESSICA T	143 BATRE LANE	MOBILE AL	
	D			
	LARSON, ELOISE E.	2105 VENETIA RD.	MOBILE AL	
	P			
	MCCALL, BARRETT B	9 SOUTH JULIA	MOBILE AL 36604	
	V			
	FOSTER, ROBERT J.	ROUTE 2, BOX 226A	HONORAVILLE AL	
	V			
	WRIGHT, J. TOBEY	7075 STONEBRIDGE CT	MOBILE AL 36608	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)