

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000002671**

1. Entity Name  
**LOWERY CONSTRUCTION, LTD.**

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1637 EAST VINE STREET, SUITE E  
KISSIMMEE FL 34744

Mailing Address  
1637 EAST VINE STREET, SUITE E  
KISSIMMEE FL 34744-3744

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0880642** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BASQUE, JAMES F**  
**1637 EAST VINE STREET, SUITE E**  
**KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>P94000070576</b>
NAME	<b>PARRAMORE CONSTRUCTION COMPANY, INC.</b>
STREET ADDRESS	<b>1637 EAST VINE STREET, SUITE E</b>
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>
DOCUMENT #	<b>P96000065948</b>
NAME	<b>MFL, INC.</b>
STREET ADDRESS	<b>1637 EAST VINE STREET, SUITE E</b>
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE REQUIRED* **4/6/00** **(407) 931-0400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)