

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A98000002671**1. Entity Name  
LOWERY CONSTRUCTION, LTD.

## Principal Place of Business

1637 EAST VINE STREET, SUITE E

KISSIMMEE  
34744

FL

## Mailing Address

1637 EAST VINE STREET, SUITE E

KISSIMMEE  
34744

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 4. FEI Number

65-0880642

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BASQUE JAMES F  
1637 EAST VINE STREET, SUITE EKISSIMMEE FL  
34744 US

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/16/2001

DATE

9. Capital Contributions  
as Shown on record. 100.0010. Amount of Capital Contributions  
in FLORIDA to date. 100.00**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 #  
NAME MFL, INC.  
STREET ADDRESS 1637 EAST VINE STREET, SUITE E  
CITY-ST-ZIP KISSIMMEE FL 34744DOCUMENT #  
NAME PARRAMORE CONSTRUCTION COMPANY, INC.  
STREET ADDRESS 1637 EAST VINE STREET, SUITE E  
CITY-ST-ZIP KISSIMMEE FL 34744DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: KENNETH G DIXON**

P

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)