2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am § DOCUMENT # F44306 **Secretary of State** 1. Entity Name 03-20-2002 90027 024 ***150.00 BOWER BUILDERS INC. Mailing Address Principal Place of Business 13525 JENNITA DR. 13525 JENNITA DR. HUDSON FL 34667 HUDSON FL 34667 3. Mailing Address 2. Principal Place of Business 9729 Ed Street 9729 Ed Street - DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-2123956 Hudson, Florida Hudson, Florida Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 34669 U.S.A U.S.A. 34669 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bower, Paul C. BOWER, OLEN P Street Address (P.O. Box Number is Not Acceptable) 13525 JENNITA DR. HUDSON FL 34667 9279 Ed Street 34669 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. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE -VP ☐ Delete TITLE NAME BOWER, OLEN P. NAME STREET ADDRESS 9729 Ed Street STREET ADDRESS 13525 JENNITA DR CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** Hudson, FL 34669 ☐ Change ☐ Addition TITLE Delete NAME BOWER, WILLIAM O. NAME STREET ADDRESS STREET ADDRESS 9525 BUD ST CITY-ST-7IP CITY-ST-ZIP **HUDSON FL 34669** X Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BOWER, PAUL C. 9729 Ed Street STREET ADDRESS STREET ADDRESS 9525 BUD ST Hudson, FL 34669 CITY-ST-ZIP CITY-ST-7IP HUDSON FL 34669 ☐ Change ■ Addition C Celete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZÎP CITY-ST-ZIP ☐ Addition . Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Paul C. Bower
President

02 (727) 809-D15

FILED