

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78348

1. Entity Name  
DON ROWE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

PO BOX 301  
2515 FT HAMMER RD  
PARRISH FL 34219  
US

PO BOX 301  
2515 FT HAMMER RD  
PARRISH FL 34219  
US

2. Principal Place of Business

3. Mailing Address

3008- MANATEE AVE. W.  
Suite, Apt. #, etc.

3008- MANATEE AVE. W.  
Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FL. X

BRADENTON, FL

Zip

Country

Zip

Country

34205

MANATEE

34205

MANATEE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, DONALD S.  
2515 FT HAMER RD  
PARRISH FL 34219

Name ROWE, DONALD S.

Street Address (P.O. Box Number is Not Acceptable)  
3008- MANATEE AVE. W.

City BRADENTON

FL

Zip Code 34205

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 *Donald S. Rowe* DONALD S. ROWE, PRES.

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01  
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 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 PSD  
NAME ROWE, DONALD  
STREET ADDRESS 2515 FT HAMER RD  
CITY-ST-ZIP PARRISH, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SAME  
NAME SAME  
STREET ADDRESS 3008- MANATEE AVE. W.  
CITY-ST-ZIP BRADENTON, FL. 34205 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Donald S. Rowe* DONALD S. ROWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (941) 708-9722  
Date Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90085 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2034 (10/00)