

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002587

1. Entity Name

LINDA JOWERS & ASSOCIATES, P.C.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90042 006 ***150.00

Principal Place of Business

Mailing Address

9851 THOMAS DRIVE
SUITE 209
PANAMA CITY BEACH FL 32408

9851 THOMAS DRIVE
SUITE 209
PANAMA CITY BEACH FL 32408-4247

2. Principal Place of Business

9851 Thomas DR.

3. Mailing Address

9851 Thomas DR.

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Panama City Beach, FL.

City & State

Panama City Beach, FL.

Zip

32408

Country

U.S.A.

Zip

32408

Country

U.S.A.

4. FEI Number

63-0985491

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

LEASE-JOWERS, LINDA
9851 THOMAS DRIVE
SUITE 209
PANAMA CITY BEACH FL 32408

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PLEASE
JOWERS, LINDA
101 WINDWARD CT.
PANAMA CITY BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
LINDA JOWERS LEASE
SAME

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

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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:

Linda Jowers Lease
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA JOWERS LEASE

4/11/00

Date

(850) 234-0023

Daytime Phone #

CR2E034 (9/99)