

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90018 002 \*\*\*150.00

**DOCUMENT # F95000002587**

1. Entity Name

LINDA JOWERS & ASSOCIATES, P.C.

Principal Place of Business

2003-B WILSON AVE  
 PANAMA CITY FL 32405  
 US

Mailing Address

2003-B WILSON AVE  
 PANAMA CITY FL 32405  
 US

2. Principal Place of Business

Linda Jowers & Associates PC

Suite, Apt. #, etc.

1000 W. 11th St.

City & State

Panama City, FL

Zip

32401

Country

USA

3. Mailing Address

Linda Jowers & Assoc. PC

Suite, Apt. #, etc.

1000 W. 11th St.

City & State

Panama City, FL

Zip

32401

Country

USA



DO NOT WRITE IN THIS SPACE

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

LEASE-JOWERS, LINDA

9851 THOMAS DRIVE

SUITE 209

PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name Linda Jowers Lease

Street Address (P.O. Box Number is Not Acceptable)

1000 W. 11th St.

City

Panama City

FL

Zip Code

32401

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, 2002 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

TITLE P  
 NAME LEASE, LINDA J  
 STREET ADDRESS 101 WINDWARD CT.  
 CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)