

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001607

1. Entity Name
BOWMONT IMPORTS CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90073 002 ***150.00

Principal Place of Business 25 SYLVAN RD. SOUTH. STE. F WESTPORT CT 06880-4619	Mailing Address 25 SYLVAN RD. SOUTH. STE. F WESTPORT CT 06880-4619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 329 RIVERSIDE AVENUE Suite, Apt. #, etc.	3. Mailing Address 329 RIVERSIDE AVENUE Suite, Apt. #, etc.
City & State WESTPORT, CT	City & State WESTPORT, CT
Zip 06880	Country FAIRFIELD

4. FEI Number 06-1459919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS, G.L. JOSEPH 25 SYLVAN RD. SOUTH, STE. F WESTPORT CT 06880-4619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELLAND-JENSEN, ANNE-LINE 25 SYLVAN RD. SOUTH, STE. F WESTPORT CT 06880-4619
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 Riverside Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 Riverside Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ANNE-LINE HELLAND-JENSEN 1/18/00 203 4547500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)