2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information indicated on this report or of the corporation or the changed, or on an atta

SIGNATURE:

FILED DOCUMENT # G08477 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name MOWREY ELEVATOR COMPANY OF FLORIDA, INC. 04-10-2000 90020 016 ***150.00 Mailing Address Principal Place of Business 4518 LAFAYETTE STREET 4518 LAFAYETTE STREET MARIANNA FL 32446 MARIANNA FL 32446-3418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2240966 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOWREY, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) RT 3, BOX 214 ALTHA FL 32421 Zip Code City 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 DATE Signature, typed or printed name of registered 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition PD ☐ Delete TITLE NAME NAME MOWREY, TIMOTHY S STREET ADDRESS STREET ADDRESS RT. 3, BOX 214 CITY-ST-ZIP ALTHA FL 32421 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOWREY, LAURA NAME NAME STREET ADDRESS STREET ADDRESS RT. 3, BOX 214 CITY-ST-ZIP CITY-ST-ZIP ALTHA FL 32421 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if