2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G08477

1. Entity Name

MOWREY ELEVATOR COMPANY OF FLORIDA, INC.

FILED Feb 09, 2001 8:00 am Secretary of State 02-09-2001 90765 009 ***150.00

Principal Plac	e of Business	3	Mailing Address						
1518 LAFAYETTE STREET MARIANNA FL 32446		4518 LAFAYETTE STREE	:T						
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2. Principal P	lace of Busin	ess	3. Mailing Address						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
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City & State	е		City & State		4. FEI Numb	ber 59-2240966			oplied For
						. <u> </u>			ot Applicable
Zip		Country	Zip	Country	5. Certificat	e of Status Desired		8.75 Ade	
_	6 Name	and Address of Curr	rent Registered Agent	_ 	7 Name an	d Address of New Re			
		and Address of Con-		Name	3, Name an		gisteres Ag		
MOM	VREY, TIMO	THY S	- · · · · · · · · · · · · · · · · · · ·			<u> </u>			
	BOX 214	-		Street Addre		ber is Not Acceptable)			
	A FL 3242	1		 				-	
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				City			FL	Zip Cod	e
8 The above	named entity	, submite this stateme	nt for the purpose of changing	its registered office or rec	istored agent, or hi	oth, in the State of Flori	ida		
e. The above	mained emily	addinits this stateme	TIL TO: THE PURPOSE OF CHARGING	its registered office of reg	istered agent, or b	our, in the state or rion	ica.		
01011471105									
SIGNATURE.	Signature, typed	or printed name of registered	agent and title if applicable. (N	NOTE: Registered Agent signature re	quired when reinstating)		DATE		
					quired when reinstating)		DATE		
9. This corpo	oration is eligi	ible to satisfy its Intan	gible FILE NO	W!!! FEE IS \$150.00	00 10. E	lection Campaign Fina	ncing	\$5.0	 1 0 мау Вө
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changed, or on an attachment with an address, with all other like em-

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR