

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90089 008 ***150.00

DOCUMENT # G08477

1. Entity Name

MOWREY ELEVATOR COMPANY OF FLORIDA, INC.

Principal Place of Business

**4518 LAFAYETTE STREET
 MARIANNA FL 32446**

Mailing Address

**4518 LAFAYETTE STREET
 MARIANNA FL 32446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2240966

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

**MOWREY, TIMOTHY S
 RT 3, BOX 214
 ALTHA FL 32421**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME MOWREY, TIMOTHY S
 STREET ADDRESS RT. 3, BOX 214
 CITY-ST-ZIP ALTHA FL 32421

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS 4518 LAFAYETTE ST
 CITY-ST-ZIP MARIANNA, FL 32446

TITLE VDST ☐ Delete
 NAME MOWREY, LAURA
 STREET ADDRESS RT. 3, BOX 214
 CITY-ST-ZIP ALTHA FL 32421

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS 4518 LAFAYETTE ST
 CITY-ST-ZIP MARIANNA, FL 32446

TITLE V ☐ Delete
 NAME REDMOND, DAN
 STREET ADDRESS 4518 LAFAYETTE STREET
 CITY-ST-ZIP MARIANNA FL 32446

☐ Change ☐ Addition
 TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition
 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)