

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40130

1. Entity Name

BOWEN SALES & SHARPENING SERVICES, INC.

Principal Place of Business

3001 E CENTRAL
ORLANDO FL 32803

Mailing Address

3001 E CENTRAL
ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOWEN, JOHN MICHAEL
3001 E CENTRAL BLVD
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME BOWEN, JOHN MICHAEL
STREET ADDRESS 1325 DEER PATH DR
CITY-ST-ZIP OSTEEN FL

TITLE ST ☐ Delete

NAME VONARX, LUCILLE O
STREET ADDRESS 1522 E CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL

TITLE V ☒ Delete

NAME BOWEN, LYNNE CHARISSE
STREET ADDRESS 1325 DEER PATH DR
CITY-ST-ZIP OSTEEN FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Bowen, John Michael
STREET ADDRESS 1325 Deer Path Dr.
CITY-ST-ZIP Osteen, FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

John M. Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

John M. Bowen, President 5/21/01
DIRECTOR

Date

Daytime Phone #

407-898-6669

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90006 033 ***150.00

000010



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3050252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)