

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G95684**

1. Entity Name
R.E. BOWEN AND ASSOCIATES INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90005 035 ***150.00

Principal Place of Business

2510 S.E. HAMDEN RD.
PORT ST LUCIE FL 34952
US

Mailing Address

2510 SE HAMDEN RD
PORT ST LUCIE FL 34952
US

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

59-2445317

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

LEWIS, J.D., III, ESQ.
1101 E OCEAN BLVD.
STUART FL 34995

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **BOWEN, RON**
STREET ADDRESS **2510 S.E. HAMDEN ROAD**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BOWEN, PATRICIA**
STREET ADDRESS **2510 S.E. HAMDEN ROAD**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

8/31/00 (56)
335-4368

CR2E034 (5/00)

Attachment doc #
G95684
A0075866

Ron Bowen
2510 S.E. Hamden Road
Port St. Lucie, FL 34952
Phone: (561) 335-4368 Fax: (561) 335-4580

September 5, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: R. E. Bowen and Associates Inc.
G95684 59-244317

Gentlemen:

I am enclosing a check for \$150 to pay for our 2000 Uniform Business Report. As I discussed with your office, via telephone, I never received The original report that was due before May. Your office told me to pay the \$150 and have you research my past account and payments to see if I have been delinquent before. Please credit this payment. Thank You.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron E. Bowen", followed by a horizontal line.

Ronald E. Bowen, President
RE Bowen and Associates Inc.