

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90134 020 ***150.00

DOCUMENT # H02819

1. Entity Name
LOWE'S TUBELAND, INC.



Principal Place of Business
**RT. 2, BOX 99
FT. WHITE FL 32038**

Mailing Address
**P O BOX 450
BRANFORD FL 32008
US**

22002580



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
6256 SW ELIM CHURCH RD

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2404869

Applied For
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**LOWE, THELMA
RT. 2, BOX 99
FT. WHITE FL 32038**

Name

Street Address (P.O. Box Number is Not Acceptable)
6256 SW ELIM CHURCH ROAD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LOWE, THELMA
RT 2 BOX 5100
FT. WHITE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P, D
6256 SW ELIM CHURCH ROAD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LOWE, THELMA
RT 2 BOX 5100
FT. WHITE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVS
HARPER, BILLY JO
RT 2 BOX 5100
FT. WHITE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HARPER, CHESTER
RT. 2, BOX 5110
FT. WHITE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6252 SW ELIM CHURCH ROAD

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

(386) 497-3883
Daytime Phone #

CR2E034 (10/02)