

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H73073**

1. Entity Name

ROBERT B. MCGOWEN, INC.

Principal Place of Business

Mailing Address

**415 S. 2ND STREET, SUITE #200
P.O. BOX 4077
FT. PIERCE FL 34948**

**603 N INDIAN RIVER DR
300
FORT PIERCE FL 34950-3057**

2. Principal Place of Business

3. Mailing Address

603 N INDIAN RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 300

City & State

City & State

FORT PIERCE

Zip

Country

Zip

Country

34950

4. FEI Number

59-2603449

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

**FOGAL, CHRISTOPHER
415 S. 2ND STREET, SUITE #200
P.O. BOX 4077
FORT PIERCE FL 34948**

Name

Street Address (P.O. Box Number is Not Acceptable)

603 N INDIAN RIVER DR

SUITE 300

City

FT PIERCE

FL

Zip Code

34950

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MCGOWEN, ROBERT	415 S 2ND ST, STE 200	FT. PIERCE FL	<input type="checkbox"/> Delete			603 N INDIAN RIVER DR, STE 300	FT PIERCE FL 34950	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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
located 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:

Robert B. McGowen

Robert B. McGowen, Pres

3/15/00

803-240-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #