

DOCUMENT # H91468

1. Entity Name

BOWKER & CO., INC.

2. Principal Place of Business	3. Mailing Address
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City & State	City & State
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4. FEI Number 59-2618931	Applied For
	Not Applicable

7. Name and Address of New Registered Agent

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

City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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, 2001 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
08-5	TSD	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	TSD	<input type="checkbox"/> Delete
NAME	BOWKER, PATRICIA	
STREET ADDRESS	3926 S. NINE DR.	
CITY - ST - ZIP	VALRICO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> Delete
NAME	BOWKER, GORDON	
STREET ADDRESS	3926 S. NINE DR.	
CITY - ST - ZIP	VALRICO FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information furnished on this form is true and correct. I am a duly qualified officer or director of the corporation, partnership, or other entity that is the subject of this report, and I am authorized to certify on behalf of the entity.

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: <u><i>[Signature]</i></u> (BOWKER)	3	13	01	836548400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #		

CR2E034 (10/00)