

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90129 010 ***150.00

0479081 AV

DOCUMENT # H97318

1. Entity Name

DAN COWELS TIEBEAMS, INC.

Principal Place of Business

**11000-23 METRO PARKWAY
 FORT MYERS FL 33912
 US**

Mailing Address

**245 NETHERLAND AVE.
 NO. FORT MYERS FL 33903**



2. Principal Place of Business

11022 Metro Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

4. FEI Number

59-2640357

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMMONS, WM. JOHN
 11000-23 METRO PARKWAY
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **DAN G. Cowels**
 Street Address (R.O. Box Number is Not Acceptable) **322 NE 18th Place**
 City **Cape Coral** FL Zip Code **33990**

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	SAMMONS, BILL	
STREET ADDRESS	407 SE 8TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	OWNER	<input type="checkbox"/> Delete
NAME	COWELS, DANIEL G	
STREET ADDRESS	322 NE 18TH PL	
CITY-ST-ZIP	CAAPE CORAL FL 33990	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAMMONS, JANET	
STREET ADDRESS	245 NETHERLAND AVE.	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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		
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-995-1740

CR2E034 (9/01)