

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90327 020 ***150.00

DOCUMENT # J48674**1. Entity Name**
FOWLER'S GROCERY, INC.**Principal Place of Business****3595 HIGHWAY 98 EAST**
FT. MEADE FL 33841**Mailing Address****3595 HIGHWAY 98 EAST**
FT. MEADE FL 33841

LUU3U281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2744600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FOWLER, RITA F.**
155 CANNON RD.
FT. MEADE FL**7. Name and Address of New Registered Agent**Name **STEPHANIE B. FOWLER**Street Address (P.O. Box Number is Not Acceptable)
155 CANNON ROADCity **Fort Meade** **FL** Zip Code **33841****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 **Stephanie B. Fowler**

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

Stephanie B. Fowler

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-01**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**TITLE **PD** ☐ Delete
NAME **FOWLER, SCOTT I.**
STREET ADDRESS **3595 HWY 98 EAST**
CITY-ST-ZIP **FT. MEADE FL**TITLE **STD** ☒ Delete
NAME **FOWLER, RITA F.**
STREET ADDRESS **3595 HWY 98 EAST**
CITY-ST-ZIP **FT. MEADE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 line empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

863-285-9464

Daytime Phone #

CR2E034 (10/00)