

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 032 ***150.00

DOCUMENT # J87415

1. Entity Name

MARY BOWMAN & ASSOCIATES, INC.

425520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13451 McGregor Boulevard

3. Mailing Address
13451 McGregor Boulevard

Suite, Apt. #, etc.
Suite 33

Suite, Apt. #, etc.
Suite 33

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
58-1872680

Applied For
Not Applicable

Zip
33919

Country
Lee

Zip
33919

Country
Lee

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Mary G. Bowman

Street Address (P.O. Box Number is Not Acceptable)
13451 McGregor Boulevard

Suite 33

City
Fort Myers

FL

Zip Code
33919

**DO NOT WRITE
IN THIS SPACE**

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

Mary G. Bowman, Pres

2/18/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Bowman, Mary G.
13451 McGregor Blvd., Suite 33
Fort Myers, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary G. Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

404-329-9314

Daytime Phone #

CR2E034B (12/01)