

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2000 8:00 am  
Secretary of State**

01-18-2000 90082 006 \*\*\*150.00

**DOCUMENT # K11294**

1. Entity Name

**BOWYER ELECTRIC, INC.**

Principal Place of Business

Mailing Address

17620 HICKORY TREE CT  
STE A  
LUTZ FL 33549  
USP O BOX 2141  
STE A  
LUTZ FL 33548-2141  
US

2. Principal Place of Business

17620 Hickory Tree CT.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2141  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Lutz, FL

City &amp; State

LUTZ, FL

4. FEI Number **59-2861782**Applied For  
Not Applicable

Zip

33549

Country

FLA

Zip

33548

Country

Hills

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

6. Name and Address of Current Registered Agent

MCDOUFFIE, GARY R.  
16603 LONGLEAF DR  
LUTZ FL 33549

7. Name and Address of New Registered Agent

-Name

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

City

FL

Zip Code

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

TITLE **P** ☐ Delete  
NAME **BOWYER, ROBERT W.**  
STREET ADDRESS **21324 AARON CT.**  
CITY-ST-ZIP **LUTZ FL 33549**TITLE **VP** ☐ Delete  
NAME **MCDOUFFIE, GARY R.**  
STREET ADDRESS **16603 LONGLEAF DRIVE**  
CITY-ST-ZIP **LUTZ FL 33549**TITLE **VP** ☐ Delete  
NAME **MCDOUFFIE, SHAWN A.**  
STREET ADDRESS **17620 HICKORY TREE CT.**  
CITY-ST-ZIP **LUTZ FL**TITLE **S** ☐ Delete  
NAME **CHRISTLIEB, ROBERT S.**  
STREET ADDRESS **8910 N LOCUST**  
CITY-ST-ZIP **TAMPA FL**TITLE **T** ☐ Delete  
NAME **HARRIS, ARTHUR**  
STREET ADDRESS **903 STRATFORK MANOR DRIVE**  
CITY-ST-ZIP **BRANDON FL 33510**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GARY R. MCDOUFFIE**

Date

**1/15/2000 8/3948822**

Daytime Phone #