

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # K19534**1. Entity Name
WILLIAM J. BOWEN, INC.**Principal Place of Business**% WILLIAM J. BOWEN
9133 MELLON CT
ST AUGUSTINE
32086
FL**Mailing Address**% WILLIAM J. BOWEN
9133 MELLON CT
ST AUGUSTINE
32086
FL**2. Principal Place of Business**

% WILLIAM J. BOWEN

3. Mailing Address

% WILLIAM J. BOWEN

Suite, Apt. #, etc.
9133 MELLON CTSuite, Apt. #, etc.
9133 MELLON CTCity & State
ST AUGUSTINE
FLCity & State
ST AUGUSTINE
FLZip
32080

Country

Zip
32080

Country

4. FEI Number
59-2887215

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BOWEN, WILLIAM J.**
9133 MELLON CT**ST AUGUSTINE**
32086
FL**7. Name and Address of New Registered Agent**

Name

BOWEN, WILLIAM J.Street Address (P.O. Box Number is Not Acceptable)
9133 MELLON CTCity
ST AUGUSTINE
FLZip Code
32080

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 _____ **02/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PTD <input type="checkbox"/> Delete
NAME	BOWEN, WILLIAM J.
STREET ADDRESS	9133 MELLON CT
CITY-ST-ZIP	ST AUGUSTINE FL
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, WILLIAM J.
STREET ADDRESS	9133 MELLON CT
CITY-ST-ZIP	ST AUGUSTINE FL 32080
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: William J. Bowen

PTD

02/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)