

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90159 032 ***150.00

DOCUMENT # K20766

1. Entity Name

C. EDWIN ROWLEY, CPA, P.A.

Principal Place of Business

Mailing Address

% C. EDWIN ROWLEY

1199 S US HWY 1 #1

ROCKLEDGE FL 32955

% C. EDWIN ROWLEY

1199 S US HWY 1 #1

ROCKLEDGE FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2882633

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWLEY, C. EDWIN

1199 S US HWY 1

SUITE 1

ROCKLEDGE FL 32955

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Delete	TITLE		Change	Addition
NAME	ROWLEY, C. EDWIN		NAME			
STREET ADDRESS	898 PINE BAUGH ST.		STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: C. Edwin Rowley, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

321-632-6068

Date

Daytime Phone #