## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State **DOCUMENT # K38907** 1. Entity Name GOWEN & SPEARS, P.A. 05-11-2001 90026 005 \*\*\*150.00 Principal Place of Business Mailing Address 33 NORTH GARDEN AVENUE 33 NORTH GARDEN AVE SUITE 1200 **SUITE 1200** CLEARWATER FL 33755 CLEARWATER FL 33755 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2912711 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOWEN, ORRIN M. Street Address (P.O. Box Number is Not Acceptable) 33 NORTH GARDEN AVE, SUITE 1200 SUITE 931 **CLEARWATER FL 33755** City Zip Code F 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GOWEN, ORRIN M. NAME NAME 33 NORTH GARDEN AVE, SUITE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL **VSD** ☐ Change ■ Addition ☐ Delete TITLE TITLE SPEARS, MICHAEL D NAME NAME 33 NORTH GARDEN AVE, SUITE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS 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:

PPD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

727-449-1075

Daytime Phone #