

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71922

1. Entity Name

BOWYER BUILDING GROUP, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90190 033 \*\*\*150.00

Principal Place of Business

439 BIRD KEY DR  
SARASOTA FL 34236

Mailing Address

439 BIRD KEY DR  
SARASOTA FL 34236  
US

2. Principal Place of Business

8005 Hampton Court

Suite, Apt. #, etc.

3. Mailing Address

8006 Hampton Court

Suite, Apt. #, etc.

City & State

University Park, FL

City & State

University Park, FL

4. FEI Number

65-0104419

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

WILLIAM L. BOWYER  
439 BIRD KEY DR  
SARASOTA FL 34236

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

4/29/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
BOWYER, WILLIAM L.  
439 BIRD KEY DR  
SARASOTA FL 34236



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8006 Hampton Court  
University Park, FL 34201



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
BOWYER, PAULA K  
439 BIRD KEY DR  
SARASOTA FL 34236



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8006 Hampton Court  
University Park, FL 34201



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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TITLE  
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

4/29/01

Date

Daytime Phone #

CR2E034 (10/00)