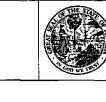
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K83962 **DOCUMENT #**

1. Entity Name BOB LOWE BUILDERS, INC.



FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90164 032 ***150.00

				OO WE THE					
Principal Place of Business % JOAN S. LOWE 2318 ALDRIDGE AVENUE FORT MYERS FL 33907		% Joàn S. 2318 Aldrid	Mailing Address % JOAN S. LOWE 2318 ALDRIDGE AVENUE FORT MYERS FL 33907						
2. Principal P	lace of Business	3. Mailing Ad	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & Stat	City & State			U371129320			oplied For
Zip	Country	Zip	C	ountry	5. Ceri	tificate of Status Desired		8.75 Add	
	6. Name and Address of Curi	ent Registered Age	nt	<u> </u>	7. Nan	ne and Address of New Reg	istered A	gent	
				Name					
LOWE, JO	AN S.				(0.0 0.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0				
2318 ALDI	RIDGE AVENUE		Street Addre			s (P.O. Box Number is Not Acceptable)			
FORT MYE	ERS FL 33907				-		-		
1 0111 1111	` .			City				Tip Cod	
				City			FL	Zip Code	3
	named entity submits this stateme ions of registered agent.		changing its regis	stered office or regist	ered agent,	or both, in the State of Florid	a. I am fa	miliar with,	and accept
,	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regi	istered Agent signature requi	red when reinsta	ating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen					Election Campaign Finant Trust Fund Contribution.	cing		May Be I to Fees
10.	OFFICERS A	ND DIRECTORS		11.	ADDIT	IONS/CHANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11
TITLE	D		Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LOWE, BOB 2318 ALDRIDGE AVENUE FORT MYERS FL	·		NAME Street address City-St-Zip					
TITLE NAME STREET ADDRESS				TITLE NAME STREET ADDRESS			,	Change	Addition
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3 50,010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• -			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	.,			☐ Change	Addition
	ertify that the information supplied	with this filing does r			Section 119	.07(3)(i), Florida Statutes, I fu	rther certif	v that the in	nformation

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 true ee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered.

SIGNATURE: