

**2001 UNIFORM BUSINESS REPORT (UBR)**

0029822 AF

**DOCUMENT # L00000007011**

1. Entity Name  
**DAVID N. SOWERBY, P.L.**

**FILED**

**01 JAN 29 AM 8:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2940 SOUTH 25TH STREET  
FT PIERCE FL 34981-5605**

Mailing Address  
**2940 SOUTH 25TH STREET  
FT PIERCE FL 34981-5605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1016552**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOWERBY, DAVID N  
2940 SOUTH 25TH STREET  
FT. PIERCE FL 34981-5605**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**Managing Member  
SOWERBY, David N.  
1626 Thumb Point Dr.  
Ft. Pierce, FL 34949**

TITLE NAME  Change  Addition  
**900003630219--9  
-02/02/01--01043--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *David N. Sowerby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

January 25, 2001

Date Daytime Phone #

CR2E083 (11/00)

561-664-7000