

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 033 \*\*\*\*50.00  
 05-22-2002 90202 013 \*\*\*\*50.00

**DOCUMENT # L01000009854**

1. Entity Name

**BOWEN CONSULTING GROUP, L.L.C.**

Principal Place of Business

**513 PONTE VEDRA BLVD.  
 PONTE VEDRA BEACH FL 32004**

Mailing Address

**PO BOX 1656  
 PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business

**166 A-1-A NORTH**

Suite, Apt. #, etc.

**#100**

3. Mailing Address

**P.O. Box 1656**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ponte Vedra Bch, FL**

City & State

**Ponte Vedra Bch, FL**

4. FEI Number

**59-3730802**

Applied For

Not Applicable

Zip

**32082**

Country

**ST. JOHNS**

Zip

**32004**

Country

**ST. JOHNS**

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

**BOWEN, ROBERT  
 513 PONTE VEDRA BLVD  
 PONTE VEDRA BEACH FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**ROBERT G. BOWEN, MANAGING MEMBER**

**7/25/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **BOWEN, ROBERT**  
 STREET ADDRESS **516 PONTE VEDRA BLVD**  
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☒ Change ☐ Addition  
 NAME **513 PONTE VEDRA BLVD**  
 STREET ADDRESS **PONTE VEDRA BEACH, FL 32082**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **CORPORATE SECRETARY**  
 STREET ADDRESS **MRS. BETTY BOWEN MILLER**  
 CITY-ST-ZIP **513 PONTE VEDRA BLVD**  
**PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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:

**ROBERT G. BOWEN, MGR**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**July 25, 2002 (904) 273-9800**

CR2E083 (4/02)