

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000009854

1. Entity Name
BOWEN CONSULTING GROUP, L.L.C.



Principal Place of Business
**166 A1A NORTH
#100
PONTE VEDRA BEACH FL 32082**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3730802**

Applied For

Not Applicable

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, 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **BOWEN, ROBERT**
STREET ADDRESS **513 PONTE VEDRA BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BOWEN, ROBERT**
STREET ADDRESS **P.O. BOX 1401**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32004**

TITLE **S** ☐ Delete
NAME **MILLER, BETTY B**
STREET ADDRESS **513 PONTE VEDRA BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **S** ☒ Change ☐ Addition
NAME **Miller, Betty B**
STREET ADDRESS **PO BOX 1401**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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**
MANAGING MEMBER 3/31/03 904-273-9800

CR2E083 (10/02)