

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

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90159 006 \*\*\*\*55.00

DOCUMENT # L02000034905

1. Entity Name

BOWDEN INVESTMENTS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5801 Thomas Drive**

Suite, Apt. #, etc.

**#1025**

City & State

**Panama City Bch, FL**

Zip

**32408**

Country

**USA**

3. Mailing Address

**5801 Thomas Drive**

Suite, Apt. #, etc.

**#1025**

City & State

**Panama City Bch, FL**

Zip

**32408**

Country

**US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Franklin H. Watson, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**5365 E. Cty. Hwy. 30-A**

**Suite 105**

City

**Seagrove Beach**

**FL**

Zip Code

**32459**

**DO NOT WRITE  
IN THIS SPACE**

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

*Franklin H. Watson*  
Signature, typed or printed name of registered agent and title if applicable

**11-26-03**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Robert C. Bowden 5801 Thomas Drive, #1025 Panama City Beach, FL 32408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager R. Stephen (Steve) Bowden 5801 Thomas Drive, #1025 Panama City Beach, FL 32408</b>
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**DO NOT WRITE  
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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:

*Franklin H. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/3/03**

Date

**(850) 236-1801**

Daytime Phone #

CR2E083B (12/02)