LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2005 8:00 am
Secretary of State
08-22-2005 90187 039 ****50.00

DOCUMENT # L04000042607

1. Entity Name
BOWMANS PAINTING & WALLCOVERING

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 20067000

2. Principal Place of Business
8210 COOPER DR
Suite, Apt. # etc.
PEN. FL.
Zip 32534 County ESCAMBIA

3. Mailing Address
SAME
Suite, Apt. # etc.
City & State
Zip Country

4. FEI Number
73-17-11854
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ERIC R. BOWMAN
Street Address (P.O. Box Number is Not Acceptable)
9210 COOPER DR.
PENSACOLA FL.
City Zip Code 32534

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, my position as registered agent.

SIGNATURE _____ DATE

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC BOWMAN 8210 COOPER DR. PEN. FL. 32534	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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 605, Florida Statutes.

Eric R. Bowman 4-26-05 850-478-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SUCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #