

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90093 041 ****50.00

0073909

DOCUMENT # M02000002664

1. Entity Name

BOWEN EQUIPMENT LLC



Principal Place of Business

**3428 US HWY 84 WEST
BLACKSHEAR GA 31516**

Mailing Address

**3428 US HWY 84 WEST
BLACKSHEAR GA 31516**

2. Principal Place of Business

US 1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HILLIARD FL

City & State

Zip

32046

Country

NASSAU

Zip

Country

4. FEI Number

58-2497725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POOLE, H. PRICE JR, ESQ
303 CENTRE STREET, STE. 200
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR			
	BOWEN, JAMES D			
	3428 US HWY 84 WEST			
	BLACKSHEAR GA 31516			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: **SIGNATURE REQUIRED**

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

James D. Bowen

4-18-03

Date

912-449-0607

Daytime Phone #

CR2E083 (10/02)