

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90132 007 ***150.00

DOCUMENT # M72413

1. Entity Name
KOW, INC.

Principal Place of Business
1386 SHORELINE
GULF BREEZE FL 32561
US

Mailing Address
PO BOX 1090
GULF BREEZE FL 32562
US

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
59-2881501

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, MARY B.
252 SABINE DR.
GULF BREEZE FL 32561

Name **Daniel L. Owens**
 Street Address (P.O. Box Number is Not Acceptable)
1386 Shoreline Dr
 City **Gulf Breeze** FL Zip Code **32561**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OWENS, JR., DAVID L**
 CITY-ST-ZIP **252 SABINE DR.**
GULF BREEZE FL

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Daniel L. Owens**
 CITY-ST-ZIP **1386 Shoreline Dr**
Gulf Breeze, FL 32561

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **OWENS, MARY BEVERLY**
 CITY-ST-ZIP **252 SABINE DR.**
GULF BREEZE FL

TITLE ☒ Change ☐ Addition
 NAME **Mary B. Owens**
 STREET ADDRESS **252 Sabine Dr**
 CITY-ST-ZIP **Gulf Breeze 7 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY B. OWENS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02 850-934-8006
 Date Daytime Phone #

CR2E034 (9/01)