2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

M90157 **DOCUMENT #**

HAL C. C		C. A PROFESSIC	DNAL ASSOCIATI	ION			03-03-2003 903	,04 OIS	130.	
Principal Place of Business C/O HAL C. COWEN C/O HAL C. COWEN C/O HAL C. 127 WEST 23RD PANAMA CITY FL 32405-4504 Mailing Addr C/O HAL C. 127 WEST 23RD PANAMA CITY FL 32405-4504				. C. COWEN						
2. Principal Place of Business			3. Mailing Address				1 1 00168 111 (1 0 10 111 0316 1 11001 0 1111 11	OOD BIRIL DI		BIBLI BIBIS IDOS
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	NOT APPLICA	BLE		Applied For
Zip	Country		Zip	Zip Coun		5. C	ertificate of Status Desired		\$8.75 Ac	dditional
	6. Name and	d Address of Current	Registered Agent			7. N	ame and Address of New Reg	istered A	gent	
			<u> </u>		Name					
COWEN, HAL C.					Street Address	reet Address (P.O. Box Number is Not Acceptable)				
127 WEST 23RD			Stre		Sileet Addres					
PANAMA CITY FL 32401							•			
					City			FL	Zip Co	de
	e named entity su		r the purpose of changii	ng its registere	ed office or regis	tered age	nt, or both, in the State of Florid	a. I am fa	amiliar with	, and accept
,		J								
SIGNATURE	Signature, typed or pr	rinted name of registered agent	and title if applicable.	(NOTE; Registere	d Agent signature requ	rired when rein	nstating)	DATE		
	Signature, typed or pr		and title if applicable.	(NOTE; Registered	d Agent signature requ	uired when rein				
F Afte	FILE NOW!!! F r May 1, 2003 F	FEE IS \$150.00 Fee will be \$550.00 orida Department of		(NOTE; Registered	d Agent signature requ	uired when rein	9. Election Campaign Finant Trust Fund Contribution.			00 May Be
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12. 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 10 or Block 11 if changed, or on an attachment with an address with the life like empowered.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50-872-8880