

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000006165

Entity Name: BOWSER HAULING, INC.

FILED  
Apr 27, 2003  
Secretary of State

## Current Principal Place of Business:

3200 LINDEN DRIVE  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

3200 LINDEN DRIVE  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 65-0972364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGDON, ALLEN E PH.D  
125 FIRST AVENUE  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOWSER, KAREN  
Address: 3200 LINDEN DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete  
Name: BOWSER, TYLER  
Address: 3239 CARY WAY  
City-St-Zip: SARASOT, FL 34232

Title: ST ( ) Delete  
Name: BOWSER, HEATHER  
Address: 3239 CARY WAY  
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete  
Name: BOWSER, THOMAS  
Address: 3200 LINDEN DR.  
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete  
Name: BOWSER, TODD  
Address: 4724 SELMA ST.  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BOWSER, TYLER  
Address: 3239 CARY WAY  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BOWSER, PRESIDENT

P

04/27/2003

Electronic Signature of Signing Officer or Director

Date