

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008832

1. Entity Name
MARK D. BOWEN, P.A.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90209 011 ***150.00

Principal Place of Business

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

RUUB5111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 River Beach Drive

3. Mailing Address

1000 River Beach Drive

Suite, Apt. #, etc.
#425

Suite, Apt. #, etc.
#425

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

4. FEI Number

65-0986960

Applied For

Not Applicable

Zip
33315

Country

Zip

33315

Country

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

BOWEN, MARK D
1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)
1000 River Beach Drive #425

City

Fort Lauderdale

FL

Zip Code
33315

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

Mark D. Bowen

MARK D. Bowen

4/25/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BOWEN, MARK D
1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000 River Beach Drive #425
Fort Lauderdale, Florida 33315 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Mark D. Bowen

Mark D. Bowen

4/25/01

(954) 462-9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)