

9/14/01-90010-014-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015793

1. Entity Name
LAW OFFICES OF JOSEPH R. ROWE JR., P.A.

Principal Place of Business Mailing Address
14502 NO. DALE MABRY,STE.200 14502 NO. DALE MABRY,STE.200
TAMPA FL 33618 TAMPA FL 33618

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 59-3625544 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE, JOSEPH R JR.
14502 NO. DALE MABRY,STE.200
TAMPA FL 33618

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/issuing) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ROWE, JOSEPH R JR. 14502 NO. DALE MABRY,STE.200 TAMPA FL 33618

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01 813 960-7808

9/24/01

FILED

01 SEP 27 PM 1:53

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

09/26/01

AV

CR2E034 (5/01)

ATTACHMENT

202

LAW OFFICES OF JOSEPH R. ROWE JR., P.A.
14502 North Dale Mabry Hwy., Suite 200
Tampa, Florida 33618
(813) 960-7808
(813) 265-2233 FAX

JOSEPH R. ROWE JR.

September 7, 2001

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Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom it May Concern:

I have enclosed a check for \$150.00 along with my UBR for 2001. I did not receive notice of the 2001 UBR until it was past due and I ask that the \$400 fine be waived. I incorporated in 2000 and the notice must have been misplaced or lost.

Thank you for your consideration.

Sincerely,



Joseph R. Rowe Jr.

JRR/nmb