

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021767

1. Entity Name

BOWS MORTGAGE COMPANY, INC.

Principal Place of Business

355 18TH AVENUE
VERO BEACH FL 32962

Mailing Address

355 18TH AVENUE
VERO BEACH FL 32962

2. Principal Place of Business

1229 South U.S. Highway 1
Suite, Apt. #, etc.

3. Mailing Address

1229 South U.S. Highway 1
Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

65-1021923

Applied For

Not Applicable

Zip

32962

Country

INDIAN RIVER

Zip

32962

Country

INDIAN RIVER

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEGG, ROBERT L
1428 21ST STREET
VERO BEACH FL

7. Name and Address of New Registered Agent

Name SANDRA GOLDMAN
Street Address (P.O. Box Number is Not Acceptable)
5409 DEER RUN DRIVE
City FT. PIERCE FL Zip Code 34951

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

Sandra Goldman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 23, 2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input checked="" type="checkbox"/>
	MISIASZEK, MARTIN THOMAS	355 18TH AVENUE	VERO BEACH FL 32962	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT + SECRETARY + DIRECTOR	ROBIN TAMULEWICZ	7003 ARTHURS	FT. PIERCE, FL 34951	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER + V. PRESIDENT + DIRECTOR	SANDRA GOLDMAN	5409 DEER RUN DR	FT. PIERCE, FL 34951	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sandra Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 2001

Date

Daytime Phone #

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90255 009 ***158.75

U0042092



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)