

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90002 011 \*\*\*550.00

UNIT 300000 A1

**DOCUMENT # P00000045811**

1. Entity Name  
**BOWLIN ELECTRICAL SERVICES, INC.**

Principal Place of Business Mailing Address  
**16703 WILSON PARRISH RD 16703 WILSON PARRISH RD**  
**UMATILLA FL 32784 UMATILLA FL 32784**

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 **59-3645885** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SWIGERT, BRETT L P.A.**  
~~16703 WILSON PARRISH RD~~ **531 N. Bay St.**  
~~UMATILLA FL 32784~~ **Eustis, FL 32726**

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 **08/21/01**  
 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 \$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
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>BOWLIN, WARREN SCOTT</b>	<b>16703 WILSON PARRISH RD</b> <b>UMATILLA FL 32784</b>
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D, P, T</b>	<b>Bowlin, Warren Scott</b>	<b>16703 Wilson Parrish Rd.</b> <b>Umatilla, FL 32784</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S</b>	<b>Bowlin, Sheila R.</b>	<b>16703 Wilson Parrish Rd.</b> <b>Umatilla, FL 32784</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP</b>	<b>Bowlin, Mart Zester</b>	<b>24889 SE 173rd Lane</b> <b>Umatilla, FL 32784</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> 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: **WARREN SCOTT BOWLIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-15-01** (352) 267-1574  
 Date Daytime Phone #

CR2E034 (5/01)