

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000064379**1. Entity Name
BOWYER SURVEYING & MAPPING, INC.

Principal Place of Business 4460 N.W. 19TH WAY OAKLAND PARK 33309	FL	Mailing Address 4460 N.W. 19TH WAY OAKLAND PARK 33309	FL
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2. Principal Place of Business
1925 N.E. 45TH STREET3. Mailing Address
1925 N.E. 45TH STREETSuite, Apt. #, etc.
SUITE 127Suite, Apt. #, etc.
SUITE 127City & State
FORT LAUDERDALE FLCity & State
FORT LAUDERDALE FLZip
33308-510Country
USZip
33308-510Country
US4. FEI Number
65-1023197Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BOWYER ROBERT E**
4460 N.W. 19TH WAYOAKLAND PARK FL
33309 US**7. Name and Address of New Registered Agent**Name
BOWYER ROBERT EPRESStreet Address (P.O. Box Number is Not Acceptable)
4460 N.W. 19TH WAYCity
OAKLAND PARK FL Zip Code
33309

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 **ROBERT E. BOWYER****04/25/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE D	<input checked="" type="checkbox"/> Delete
NAME BOWYER JAMES E	
STREET ADDRESS 4929 N.W. 19TH WAY	
CITY-ST-ZIP POMPAHO BEACH FL 33060	

TITLE TD	<input type="checkbox"/> Delete
NAME BOWYER BEBSABE L	
STREET ADDRESS 4460 N.W. 19TH WAY	
CITY-ST-ZIP OAKLAND PARK FL 33309	

TITLE PSD	<input type="checkbox"/> Delete
NAME BOWYER ROBERT E	
STREET ADDRESS 4460 N.W. 19TH WAY	
CITY-ST-ZIP OAKLAND PARK FL 33309	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWYER BEBSABE LTD	
STREET ADDRESS 4460 N.W. 19TH WAY	
CITY-ST-ZIP OAKLAND PARK FL 33309	

TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWYER ROBERT EPSD	
STREET ADDRESS 4460 N.W. 19TH WAY	
CITY-ST-ZIP OAKLAND PARK FL 33309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT E. BOWYER

PSD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)