

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067692

1. Entity Name
W.P. LOWE, INC.

Principal Place of Business %BILL LOWE, JR 315 VENETIAN DR. APT 4 DELRAY BEACH FL 33483	Mailing Address %BILL LOWE, JR 315 VENETIAN DR. APT 4 DELRAY BEACH FL 33483
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 AM 10:06

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1023144		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEARNS, DAVID B 7025 BERACASA WAY, SUITE 208 BOCA RATON FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVTSD ADYIL FONTES 315 VENETIAN DR. APT 4 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **ADYIL FONTES** 09-21-01 (561) 243-8821

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CR2E034 (5/01)

W.P. Lowe, Inc.
315 Vebetian Dr. #4, Delray Beach, FL 33483

September 21, 2001

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2000 Uniform Business Report
P00000067692

Dear Division of Corporations;

I was informed by your department that I should write this letter to attest to a previous filing of the Uniform Business Report for 2000.

We filed our annual report, the original one, at the end of January, 2001 (copy attached). According to our check register, we enclosed check number 1125, in the amount of \$150.00. However, now that we have gone back through the bank statements we do not find that check having ever cleared our bank.

Enclosed, please find a new check for \$150.00, a copy of the original filing, and a second original filing.

Thank you.

Sincerely;

Advil B. Fontes
Advil Fontes, Owner