2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:-

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P00000069242 1. Entity Name BOWER CONSTRUCTION ASSOCIATES, INC. 02-11-2002 90119 035 ***150.00 Principal Place of Business Mailing Address 2421 HOLLYWOOD BLVD. 2421 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1461 S. Andrews Avenue 1461 S. Andrews Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite B Suite B City & State City & State Applied For 4. FEI Number 65-1028068 Pompano Beach, FL Pompano Beach, FL Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 33069 33069 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWER: WILLIAM JR. Street Address (P.O. Box Number is Not Acceptable) 1461 S. Andrews Avenue 2421'HOLLYWOOD-BLVD. HO! LYWOOD FL 33020 Suite B Zip Code 33069 ^{City} Pompano Beach 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Address X Change ☐ Addition TITLE ☐ Delete BOWER, WILLIAM JR. NAME STREET ADORESS 2421 HOLLYWOOD BLVD. STREET ADDRESS 1461 S. Andrews Avenue, Suite B HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33069 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 and owered to execute this report as required by Shapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

illiam Bower, Jr.

Daytime Phone #

01/22/2002 (954)925-7400

FILED