

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078830

1. Entity Name  
TOWER RESOURCES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90072 049 \*\*\*150.00

Principal Place of Business  
1532 US 41 BYPASS S. #120  
VENICE FL 34293-1032

Mailing Address  
1532 US 41 BYPASS S. #120  
VENICE FL 34293-1032

2. Principal Place of Business  
482 Blackburn Point Road  
Suite, Apt. #, etc.  
47

3. Mailing Address  
P O Box 158  
Suite, Apt. #, etc.

City & State  
Osprey, FL

City & State  
Osprey, FL

4. FEI Number  
65-1035185

Applied For  
Not Applicable

Zip  
34229

Country  
USA

Zip  
34229

Country  
USA

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

## 6. Name and Address of Current Registered Agent

DEIGHTON, ROBERT H  
9055 TAMiami TR, #70  
VENICE FL 34293

## 7. Name and Address of New Registered Agent

Name  
Barbara Deighton  
Street Address (P.O. Box Number is Not Acceptable)  
482 Blackburn Point Road, # 47  
City  
Osprey  
Zip Code  
34229

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 *Barbara Deighton*, Barbara Deighton

4/20/2001

Signature, typed or printed name of registered agent and date (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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Barbara Deighton	
STREET ADDRESS	482 Blackburn Point Road, # 47	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	T	<input type="checkbox"/> Delete
NAME	Barbara Deighton	
STREET ADDRESS	482 Blackburn Point Road # 47	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	S	<input type="checkbox"/> Delete
NAME	Barbara Deighton	
STREET ADDRESS	482 Blackburn Point Road, # 47	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	Barbara Deighton	
STREET ADDRESS	482 Blackburn Point Road, # 47	
CITY-ST-ZIP	Osprey, FL 34229	

## 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	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

508-748-3234

Daytime Phone #

CR2E034 (10/00)