

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90437 013 \*\*\*150.00

**DOCUMENT # P00000081575**

**1. Entity Name**  
**NANCY J. BOWERS INSURANCE SERVICES, INC.**

**Principal Place of Business**

**3060 E HIGHWAY 436**  
**SUITE 120**  
**APOPKA FL 32703**

**Mailing Address**

**3060 E HIGHWAY 436**  
**SUITE 120**  
**APOPKA FL 32703**

**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**  
**59-3685234**

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**

**7. Name and Address of New Registered Agent**

**BOWERS, NANCY J**  
**3060 E HIGHWAY 436**  
**SUITE 120**  
**APOPKA FL 32703**

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**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**T** ☐ Delete  
**BOWERS, NANCY J MS**  
**1880 PARK FOREST BLVD**  
**MOUNT DORA FL 32757**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**P** ☐ Delete  
**BOWERS, NANCY J MS**  
**1880 PARK FOREST BLVD**  
**MOUNT DORA FL 32757**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**V** ☐ Delete  
**BOWERS, NANCY J MS**  
**1880 PARK FOREST BLVD**  
**MOUNT DORA FL 32757**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

**S** ☐ Delete  
**BOWERS, NANCY J MS**  
**1880 PARK FOREST BLVD**  
**MOUNT DORA FL 32757**

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**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:**

*Nancy J. Bowers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02**  
 Date

**(407) 869-8484**  
 Daytime Phone #

CR2E034 (9/01)