

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117846

1. Entity Name

FELECIA CONSTANCE ROWE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90354 010 ***150.00

Principal Place of Business

3913 PISA DR. APT. P7
PANAMA CITY FL 32405

Mailing Address

3913 PISA DR. APT. P7
PANAMA CITY FL 32405

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

59-3689976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, CAMERON X
2508 MINNESOTA AVE #A201
LYNN HAVEN FL 32444

Name

CAMERON X. ROWE

Street Address (P.O. Box Number is Not Acceptable)

3913 PISA DR. APT. P7

City

PANAMA CITY

FL

Zip Code

32405

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 CAMERON X. ROWE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	ROWE, FELECIA C	2508 MINNESOTA AVE #A201	LYNN HAVEN FL 32444	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEO	ROWE, CAMERON X	2508 MINNESOTA AVE #A201	LYNN HAVEN FL 32444	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

CAMERON X. ROWE CAMERON X. ROWE, CEO

Date

4-20-2001

Daytime Phone #

850-265-0072

CR2E034 (10/00)