

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91094 044 ***150.00

DOCUMENT # P01000029069

1. Entity Name
FOWLER VENTURES, INC.



Principal Place of Business
8230 TAYLORFIELD ROAD
JACKSONVILLE FL 32244

Mailing Address
8230 TAYLORFIELD ROAD
JACKSONVILLE FL 32244

2. Principal Place of Business

2539 Russell Rd

Suite, Apt. #, etc.

3. Mailing Address

2539 Russell Rd.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Green Cove Springs, FL

Zip
32043

Country
USA

City & State

Green Cove Springs, FL

Zip
32043

Country
USA

4. FEI Number **59-3658075**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, WILLIAM
8230 TAYLORFIELD ROAD
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

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

2539 Russell Road

City **Green Cove Springs** **FL** **Zip Code** **32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela D. Fowler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **FOWLER, WILLIAM**
STREET ADDRESS **8230 TAYLORFIELD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ **Delete**
NAME **FOWLER, PAMELA**
STREET ADDRESS **8230 TAYLORFIELD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2539 Russell Rd**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2539 Russell Rd**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela D. Fowler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 **904-284-2235**
Date **Daytime Phone #**

CR2E034 (10/02)