

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-03-2001 90973 002 \*\*\*150.00  
P01000032992

DOCUMENT # P01000032992

1. Entity Name

Tommy G. Rowland P.A.

FILED

01 MAY -9 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
20059194

Principal Place of Business

Mailing Address

4593 Live Oak Church Rd.  
Crestview, FL 32539

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4593 Live Oak Church Rd  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crestview, FL

4. FEI Number

59-3635935

Applied For

Not Applicable

Zip

Country

Zip

Country

32539

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

Tommy G. Rowland  
4593 Live Oak Church Rd.  
Crestview, FL 32539

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, 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  Delete  
Tommy G. Rowland, Pres.  
STREET ADDRESS 4593 Live Oak Church Rd.  
CITY-ST-ZIP Crestview, FL 32539

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
Judith E. Rowland, Sec/Trea  
STREET ADDRESS 4593 Live Oak Church Rd.  
CITY-ST-ZIP Crestview, FL 32539

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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: *Tommy Rowland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Rowland

4/5/01

(88) 682-1234

CR2E034 (11/00)

SP

Slip