2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000052389

Entity Name: BOWMAN CARPENTRY, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17377 ITHACA DR. 26825 ST THOMAS DR FT. MYERS, FL 33912 BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

17377 ITHACA DR. 26825 ST THOMAS DR FT. MYERS, FL 33912 BONITA SPRINGS, FL 34135

FEI Number: 65-1110986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOWMAN, CHARLES L PRES 17377 ITHACA DR. 26825 ST THOMAS DR FT. MYERS, FL 33912 BONITA SPRINGS, FL 34135

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: CHARLES BOWMAN 04/30/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BOWMAN, CHARLES BOWMAN, CHARLES L PRES Name: Name: 17377 ITHACA DR. Address: 26825 ST THOMAS DR Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: BONITA SPRINGS, FL 34135 US

() Delete Title: Title: (X) Change () Addition BOWMAN, AMY Name: BOWMAN, AMY Name: 17377 ITHACA DR. Address: 26825 ST THOMAS DR Address: FT. MYERS, FL 33912 BONITA SPRINGS, FL 34135 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BOWMAN (PRESIDENT) D 04/30/2002