

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

0071393 AV

DOCUMENT # **P01000094893**



1. Entity Name
INCOWEA, INC.

01-31-2003 90148 017 ***150.00

Principal Place of Business
**4012 NW 64TH PLACE
GAINESVILLE FL 32653**

Mailing Address
**4012 NW 64TH PLACE
GAINESVILLE FL 32653**

2002184
2002184

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3751468**
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

**LATHAM, WILLIAM C
4012 NW 64TH PLACE
GAINESVILLE FL 32653**

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

SIGNATURE _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete			
	PRIVAT, MICHAEL	4440 SW ARCHER ROAD #1528	GAINESVILLE FL 32608	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	<input type="checkbox"/> Delete			
	LATHAM, WILLIAM C	4012 NW 64TH PLACE	GAINESVILLE FL 32653	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	<input checked="" type="checkbox"/> Delete			
	MCGINNIS, DAN L	4611 SE 14TH STREET	OCALA FL 34471	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	<input type="checkbox"/> Delete			
	CASP, JUSTIN M	6814 NW 52ND TERRACE	GAINESVILLE FL 32653	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	<input type="checkbox"/> Delete			
	MIMS, CLINTON F JR	P O BOX 91	EAST LAKE WEIR FL 32133	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *William C Latham* ✓ **(352) 373-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)