

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3751468**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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