

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90706 038 ***150.00

DOCUMENT # P01000098483							
1. Entity Name JOHN BOWMAN , INC.							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 12901 METRO PKWY Suite, Apt. #, etc. # 1 City & State FORT MYERS FL Zip Country 33912 USA			3. Mailing Address 12901 METRO PKWY Suite, Apt. #, etc. # 1 City & State FORT MYERS FL Zip Country 33912 USA				
			DO NOT WRITE IN THIS SPACE				
4. FEI Number 30-0000873			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>			Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name N. REX ASHLEY Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DRIVE STE # 106 City State Zip Code NAPLES FL 34103				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHN BOWMAN 3612 COTTAGE CLUB LANE NAPLES FL 34105	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D N REX ASHLEY 1044 CASTELLO DR # 106 NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>N Rex Ashley</i>		N REX ASHLEY		4/30/03			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 239-261-7200			