

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110721

1. Entity Name
FOWLER BROTHERS INC. ENGINEERING

Principal Place of Business
5229 BUTLER RIDGE DRIVE
WINTER MERE FL 34786

Mailing Address
P.O. BOX 78332
WINTER GARDEN FL 34787

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90717 008 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, JAMES R
5229 BUTLER RIDGE DRIVE
WINTER MERE FL 34786

7. Name and Address of New Registered Agent

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, 2002 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

TITLE P
NAME FOWLER, JAMES R
STREET ADDRESS 5229 BUTLER RIDGE DRIVE
CITY-ST-ZIP WINTER MERE FL 34786

Delete

TITLE V
NAME FOWLER, CHESTER D
STREET ADDRESS 10701 HIGH CREST COURT
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 2002 (407/929-7000)
Date
Daytime Phone #

CR2E034 (9/01)