


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90056 039 ***550.00

0108635 AV

DOCUMENT # P02000069944	
1. Entity Name MOWREY SERVICE COMPANY, INC.	

Principal Place of Business 215-24TH STREET N.E. BRADENTON FL 34208	Mailing Address 215-24TH STREET N.E. BRADENTON FL 34208
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2. Principal Place of Business 215 24th ST. NE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State BRADENTON	City & State
Zip 34208	Country MANATEE

4. FEI Number 02-0630111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOWREY, TERRY 215-24TH STREET N.E. BRADENTON FL 34208

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME MOWREY, TERRY
STREET ADDRESS 215-24TH STREET N.E.	<input type="checkbox"/> Delete
CITY-ST-ZIP BRADENTON FL 34208	
TITLE VPD	NAME DAVIS, NORMAN L
STREET ADDRESS 2129 55TH AVENUE DR. E.	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP BRADENTON FL 34203	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CATHERINE C. MOWREY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 215 24th ST. NE.	
STREET ADDRESS BRADENTON, FL 34208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP VPD	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONG MOWREY TERRY D. MOWREY 9-6-03 941 746 4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)