

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90067 036 ***163.75

0136656 AT

DOCUMENT # P02000069999

1. Entity Name
GOWENS MANAGEMENT SERVICES CO.



Principal Place of Business
**6160 9TH AVE. CIRCLE N.E.
BRADENTON FL 34212**

Mailing Address
**6160 9TH AVE. CIRCLE N.E.
BRADENTON FL 34212**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3656772

Applied For

Not Applicable

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

**GOWENS, ROBERT B
6160 9TH AVE. CIRCLE N.E.
BRADENTON FL 34212**

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

Signature, typed or printed name of registered agent and title if applicable

(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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P/S/T/D
ROBERT B. GOWENS
6160 9TH AVENUE CIRCLE NE
BRADENTON, FL 34212

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/03

Date

941-750-8153

Daytime Phone #

CR2E034 (4/03)

Attachment

80143813
P0200006999

Gowens Management Services Co.
6160 9th Avenue Circle NE
Bradenton, Florida 34212
Telephone: (941) 807-3230 Fax: (941) 750-8183
E-Mail: rbgowens2@hotmail.com

August 31, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Waiver of Late Fee

*Sent Via Overnight Mail
Return Receipt Requested*


Dear Examiner, UBR Filings:

I am the President, Secretary, and Treasurer of Gowens Management Services Co. (GMS Co.), a Florida Subchapter-S corporation, FEI #38-3656772. GMS Co. is my personal consulting practice. I apologize for the late filing of the Uniform Business Report, *but I did not receive the first notice.*

Due to not receiving the first notice, I am requesting that you waive the late filing fee. I have enclosed \$163.75 with this letter (\$150 filing fee, \$8.75 for a Certificate of Status, and \$5 for Election Campaign Financing).

Please call if you have any questions. You may reach me at the telephone numbers in the letterhead, or you can call me at home at 941/750-8153.

Sincerely,


Robert B. Gowens
President, Secretary & Treasurer