## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000079263

Title:

Name:

Address:

City-St-Zip:

Entity Name: BOWERS-MALCOLM INC.

FILED Feb 06, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5535 ROOSEVELT BOULEVARD JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 5535 ROOSEVELT BOULEVARD JACKSONVILLE, FL 32244 FEI Number: 06-1639627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALCOLM, LANCE D SR 5535 ROOSEVELT BOULEVARD JACKSONVILLE, FL 32244 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MALCOLM, LANCE D SR. Name: Name: 5719 SALERNO ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BOWERS, GREGORY W Name: 2230 POST STREET Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MALCOLM, LANCE D SR. Name: Name: 5719 SALERNO ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LANCE D. MALCOLM SR. P 02/06/2003

() Delete

BOWERS, GREGORY W

JACKSONVILLE, FL 32204

2230 POST STREET

() Change () Addition