

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90340 031 \*\*\*150.00

**DOCUMENT # P27053**

1. Entity Name

**BOWMAN FINANCIAL MANAGEMENT COMPANY**

Principal Place of Business

**1013 NORTH CALVERT STREET  
BALTIMORE MD 21202**

Mailing Address

**1013 NORTH CALVERT STREET  
BALTIMORE MD 21202**

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 **52-1138665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, THOMAS P.  
111 N ORANGE AVE  
SUITE 1200  
ORLANDO FL 32801**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete  
NAME **BOWMAN, DONALD E.**  
STREET ADDRESS **1013 N CALVERT STREET**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE **D** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BOOTE, HOWARD S**  
STREET ADDRESS **1013 N CALVERT STREET**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BOWMAN, HORACE L.**  
STREET ADDRESS **1013 N CALVERT STREET**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BOWMAN, CLARK W**  
STREET ADDRESS **1013 N CALVERT STREET**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 its 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, without other like empowered.

SIGNATURE: *Donald E. Bowman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DONALD E. BOWMAN*

*2/2/01 (410) 685-0234*

Date Daytime Phone #

CR2E034 (10/00)

February 21, 2001

DAVID E. ACKLEY

CRISTINA A. EQUI

SHERYL D. BRINKLEY-EVANS

JAMES F. KIDD

SCOTT E. JOHNSON

CATHERINE J. LIVINGSTON

CLINTON C. LYONS, JR.

BRIAN J. MORAN

THOMAS P. MORAN

JENNIFER EDEN RILEY

MAURICE SHAMS

SIDNEY H. SHAMS

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

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

Re: Bowman Financial Management Co., Inc.  
Document #P27053

Dear Sir/Madam:

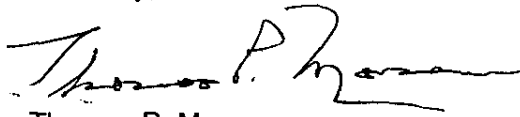
Enclosed is the above-captioned corporation's annual report for 2001 as well as their firm check in the amount of \$150.00 to cover the cost of filing.

Please note that Donald E. Bowman should be shown as a Director also, so the Title initials should read "DPST." Thank you for your attention to this matter.

If you require any further information regarding this annual report, please do not hesitate to contact me directly.

Thank you for your assistance in this regard.

Sincerely,



Thomas P. Moran

TPM/jmc  
Enclosure

cc: Bowman Financial Management Company