

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058478

1. Entity Name

FRED T. BOWMAN, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90049 024 ***150.00

Principal Place of Business

3738 LAND O' LAKES BLVD
LAND O' LAKES FL 34639
US

Mailing Address

3738 LAND O LAKES BLVD
LAND O' LAKES FL 34639-4416
US

2. Principal Place of Business

11901 Kent Grove Dr.

Suite, Apt. #, etc.

City & State

Springhill, Florida

Zip

34610

Country

USA

3. Mailing Address

11901 Kent Grove Dr.

Suite, Apt. #, etc.

City & State

Springhill, FL

Zip

34610

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, FRED T
3738 LAND O LAKES BLVD.
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name BOWMAN, Fred T.

Street Address (P.O. Box Number is Not Acceptable)

11901 Kent Grove Dr.

City

Springhill

FL

Zip Code

34610

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 Fred T. Bowman

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

Fred T. Bowman

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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, 2000 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 PSTV ☐ Delete
NAME BOWMAN, FRED T
STREET ADDRESS 3738 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D ☐ Delete
NAME BOWMAN, FRED T
STREET ADDRESS 3738 LAND O LAKES BLVD
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
None
NO-Change

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
None
NO-Change

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

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

TITLE ☐ Change ☐ Addition
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 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 another like empowered.

SIGNATURE: *Fred T. Bowman, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (813) 996-2419

DATE

Daytime Phone #

CR2E034 (9/99)