

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11901 Kent Grove Dr.	3. Mailing Address 11901 Kent Grove Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Springhill, Florida	City & State Springhill, FL	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip 34610	Country USA	Zip 34610	Country USA

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** **Fred J. Bowman** **5/1/00**
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, 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	<input type="checkbox"/> Delete
NAME BOWMAN, FRED T	
STREET ADDRESS 3738 LAND O LAKES BLVD	
CITY-ST-ZIP LAND O LAKES FL 34639	
TITLE D	<input type="checkbox"/> Delete
NAME BOWMAN, FRED T	
STREET ADDRESS 3738 LAND O LAKES BLVD	
CITY-ST-ZIP LAND O LAKES FL-34639	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NONE NO-CHANGE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NONE NO-CHANGE	
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	

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 any other like empowered.

SIGNATURE: **Fred J. Bowman, President** **5/1/00** **(813) 996-2419**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)