2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # **P94000058478** 1. Entity Name FRED T. BOWMAN, INC. 05-11-2001 90030 045 ***150.00 Principal Place of Business Mailing Address 11901 KENT GROVE DR 11901 KENT GROVE DR SPRINGHILL FL 34610 SPRINGHILL FL 34610 US 2. Principal Place of Business 3. Mailing Address 1901 Kent Grove Dr. 11901 Kent Grove Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWMAN, Fred T. 11901 Kent Grove Dr. BOWMAN BOWMNAN, FRED T Street Address (P.O. Box Number is Not Acceptable 11901 KENT GROVE DR Springhill, FL 34610 BROOKSVILLE FL 34610 8. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTV TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOWMAN, FRED T NAME STREET ADDRESS 3738 LAND O LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 TITLE ☐ Delete TITLE Change ☐ Addition NAME BOWMAN, FRED T NAME STREET ADDRESS 3738 LAND O LAKES BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAND O LAKES FL 34639 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

T. BOWMANPPOS 4/24