

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90976 042 ***150.00

DOCUMENT # **P94000058470**
1. Entity Name
FRED T. BOWMAN, INC.

0003209

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, FL		City & State Springhill FL	
Zip 34610	Country USA	Zip 34610	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3260056	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name Fred T. Bowman	
		Street Address (P.O. Box Number is Not Acceptable) 11901 Kent Grove Dr.	
		City Springhill	FL 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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV Bowman, Fred T. 11901 Kent Grove Dr. Springhill, FL 34610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Fred T. Bowman, President **4/2/2003** **(813) 235-6391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Distinguishing Number

CR2E034B (12/01)