

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092527

1. Entity Name

BOWMAN INTERNATIONAL DISC, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90016 037 ***550.00

Principal Place of Business

4304 BEACH PARK DRIVE
TAMPA FL 33609

Mailing Address

4304 BEACH PARK DRIVE
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3287165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ULMER, JAMES III
4304 BEACH PARK DRIVE
TAMPA FL 33609

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ULMER, JAMES JR.	
STREET ADDRESS	121 BELMONT CIR	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ULMER, JAMES III	
STREET ADDRESS	4304 BEACH PARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULMER, DAVID	
STREET ADDRESS	325 SARATOGA DRIVE	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULMER, WILLIAM	
STREET ADDRESS	311 DERRICK AVE	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STANDISH, CLAIRE	
STREET ADDRESS	3 LYDIA DRIVE	
CITY-ST-ZIP	UNIONTOWN PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 all other like empowered.

SIGNATURE:

James A. ULMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00
Date

(813) 286-1295
Daytime Phone #

CR2E034 (5/00)