

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093167

1. Entity Name

EBOWE HAULING, INC.

FILED

Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90011 048 ***550.00

Principal Place of Business

1020 NW 96TH AVE
PLANTATION FL 33322
US

Mailing Address

1020 NW 96TH AVE
PLANTATION FL 33322
US

2. Principal Place of Business

8773 NW 75th Ct
Suite, Apt. #, etc.

3. Mailing Address

8773 NW 75th Ct
Suite, Apt. #, etc.

City & State

Tamara FL

Zip
33321

Country

City & State

Tamara FL

Zip
33321

Country

4. FEI Number

65-0543126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWE, JOHN
1020 NW 96TH AVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

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

8773 NW 75th Ct

City

Tamara

FL

Zip Code

33321

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

TITLE PD
NAME BOWE, JOHN
STREET ADDRESS 1020 NW 96TH AVE 8773 NW 75th Ct
CITY-ST-ZIP PLANTATION FL Tamara FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00

Date

954-444-6953

Daytime Phone #

CR2E034 (5/00)