

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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90011 027 ***150.00

DOCUMENT # P94000093167
1. Entity Name EBOWE HAULING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8762 NW 75TH COURT Suite, Apt. #, etc.	3. Mailing Address 8762 NW 75TH COURT Suite, Apt. #, etc.
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54022042

DO NOT WRITE IN THIS SPACE

City & State TAMARAC FL	City & State TAMARAC FL	4. FEI Number 65-0543126	Applied For <input type="checkbox"/> Not Applicable
Zip 33321	Country	Zip 33321	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BOWE, JOHN
Street Address (P.O. Box Number is Not Acceptable) 8762 NW 57TH COURT
City TAMARAC
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOWE, JOHN 8762 NW 75TH COURT TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/04 954-970-3161