## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P95000082476

1. Entity Name

BILL BOWMAN INSURANCE AGENCY, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90065 005 \*\*\*150.00

Multing Address 22 West INDAM TOWN ROAD JUPITER R, 3948  2. Finningal Place of Business  Suite, Apr. R, etc.  Suite, Apr. R, etc.  City & State  City & Stat					THE STATE OF THE S			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   4. FEI Number 65-0620202   Application   Nort Application   No	720 WEST INDIAN TOWN ROAD		720 WEST INDIAN	720 WEST INDIAN TOWN ROAD				
City & State  Country  Countr	2. Principal Place of Business		3. Mailing Address			- - !!##################################		
Zip Country Zip Country S. Cardicate of Status Desired   \$8.75. Additional Fee Required   \$7. Marrie and Address of New Registered Agent   Name  CORPORATION SERVICE COMPANY   1201 HAYS STREET   TALLAHASSEE FL 32301-2525   City FL   Zip Code    8. The above named onthy submits its statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. Turn familiar with, and accept the obligations of registered agent. Signature   Signature Registered agent. Signature   Signature Registered agent. Signature   Signature Registered agent. Signature   Signature Registered agent. Signature Registered Registered Registered agent. Signature Registered Re	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  City FL Zip Code  City FL Zip Code  Signature, rigiditing submits rais statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida, I am familiar with, and accept the chilippoints or fregistered agent.  SIGNATURE  Signature, rigiditing printed name of registered agent and it is a statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida, I am familiar with, and accept the chilippoints or printed name of registered agent.  SIGNATURE  Signature, rigiditing printed name of registered agent and it is a statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida, I am familiar with, and accept the child printed name of registered agent, or both, in the State of Forida, I am familiar with, and accept the child printed name of registered agent.  SIGNATURE  S	Zip	Country	Zip	Count	try	5 Certificate of Status Desired \$8.75 Additional		
Street Andress (P.O. Box Number is Not Acceptable)	. 43	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent		
1201 HAYS STREET   12301-2525	.:				Name			
TALLAHASSEE FL 32301-2525  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept the collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept this collegations of registered agent, or both, in the State of Forda. I am familiar with, and accept the famili					Street Address (	(P.O. Box Number is Not Acceptable)		
City   FL   Zip Code		•		-		100.000		
SIGNATURE    Signature   Title					City	FL Zip Code		
SIGNATURE    FILE NOWIL! FEE IS \$150.00   Speaking to purse name of registered agent and title of application. (NOTE Registered Agent required when rollreading)   DATE			nt for the purpose of chan-	ging its registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and a	ccept	
Signature Proper on printed named or legislated sport and still at applicable. (MOTE: Represented Agents signature Properties Agents (1998))   FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   10.	•							
After May 1, 2003 Fee will be \$\$50.00 May Be Make Check Payable to Florida Department of State    Second Contribution   State   State	0.	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating) DATE	_	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.	1			<del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del>		
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		ertify that the information supplied	with this filing does not au			ection 119 07(3)(i) Florida Statutes I further certify that the informa	ation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WESHRED NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #