

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0349603  
 AV

**DOCUMENT # P95000090255**

1. Entity Name  
**CHERYL GOWDY INTERNATIONAL, INC.**

03-13-2002 90078 038 \*\*\*158.75

Principal Place of Business  
**529 SOUTH FLAGLER DR.**  
**STE #27 E**  
**WEST PALM BEACH FL 33401**  
**US**

Mailing Address  
**529 SOUTH FLAGLER DR.**  
**STE #27 E**  
**WEST PALM BEACH FL 33401**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0627744</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**GOWDY, CHERYL A**  
**529 SOUTH FLAGLER DR.**  
**STE#27E**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible <input checked="" type="checkbox"/> Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>GOWDY, CHERYL A</b> <b>525 SOUTH FLAGLER DRIVE, APT. 9B</b> <b>WEST PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>GOWDY, CHERYL A</b> <b>529 South Flagler Drive, Apt. 27-E</b> <b>West Palm Beach, Fl. 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GOWDY, CURT</b> <b>343 EL BRAVO WAY</b> <b>PALM BEACH FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GOWDY, JERRE</b> <b>343 EL BRAVO WAY</b> <b>PALM BEACH FL 33480</b>	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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl A. Gowdy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27 2002 561-653-9999  
 Date Daytime Phone #

CR2E034 (9/01)