

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90179 041 ***150.00

DOCUMENT # P96000010806

1. Entity Name
FRED BOWIE EQUIPMENT SPECIALIST, INC.



Principal Place of Business
1358 FRUITVILLE ROAD STE B
SARASOTA FL 34236-4910

Mailing Address
1358 FRUITVILLE ROAD STE B
SARASOTA FL 34236-4910

2. Principal Place of Business
4455 GREENWOOD STABLES
ROAD,

3. Mailing Address
4455 GREENWOOD STABLES
ROAD

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34235

Country
USA

Zip
34235

Country
USA

4. FEI Number **65-0640608**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

REINICKE, STEPAHANIE A
1800 SECOND ST STE 803
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **BOWIE, FRED W**
STREET ADDRESS **1358 FRUITVILLE ROAD STE B**
CITY-ST-ZIP **SARASOTA FL 34236-4910**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **BOWIE, FRED**
STREET ADDRESS **4455 GREENWOOD STABLES RD,**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **Signature and Typed or Printed Name of Signing Officer or Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-03

(941)359-1371

Date

Daytime Phone #

CR2E034 (10/02)