

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022572

1. Entity Name

KOWIE ENTERPRISES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90112 004 \*\*\*150.00

Principal Place of Business

Mailing Address

450 PINEHURST COURT  
WINTER HAVEN FL 33884  
US

450 PINEHURST COURT  
WINTER HAVEN FL 34683-6542  
US

2. Principal Place of Business

3. Mailing Address

13088 60th Str North

1479 MAHOGANY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

City & State

PALM HARBOR FLORIDA

4. FEI Number

58-2227132

Applied For

Not Applicable

Zip

Country

FL 33760

USA

Zip

Country

FL 34683

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNOEK, L J  
450 PINEHURST COURT  
WINTER HAVEN FL 33884

Name LINDA J SNOEK

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

1479 MAHOGANY LANE

City PALM HARBOR

FL

Zip Code 34683

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 L J SNOEK 29 March 2000

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SNOEK, ALLAN G	
STREET ADDRESS	450 PINEHURST COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNOEK, LINDA J	
STREET ADDRESS	450 PINEHURST CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOEK, ALLAN G	
STREET ADDRESS	1479 MAHOGANY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOEK LINDA J	
STREET ADDRESS	1479 MAHOGANY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: L J SNOEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 March 2000 7277345268

Date

Daytime Phone #

CR2E034 (9/99)