

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90011 049 ***150.00

0566238

DOCUMENT # P96000022572

1. Entity Name
KOWIE ENTERPRISES, INC.

Principal Place of Business

**13088 60TH ST NORTH
 CLEARWATER FL 33760
 US**

Mailing Address

**1479 MAHOGANY LANE
 PALM HARBOR FL 34683
 US**

2. Principal Place of Business

12950 DANIEL DR NTH

3. Mailing Address

2683 WALNUT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FLORIDA

City & State

PALM HARBOR FLORIDA

4. FEI Number

58-2227132

Applied For

Not Applicable

Zip

FL 33762

Country

USA

Zip

FL 34683

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SNOEK, L J
 1479 MAHOGANY LANE
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **SNOEK LINDA JOYCE**

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

2683 WALNUT DRIVE

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

[Signature]

L. J. SNOEK

2nd April 2001

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, 2001 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

TITLE **P** ☐ Delete
 NAME **SNOEK, ALLAN G**
 STREET ADDRESS **1479 MAHOGANY LANE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **S** ☐ Delete
 NAME **SNOEK, LINDA J**
 STREET ADDRESS **1479 MAHOGANY LANE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SNOEK ALLAN G**
 STREET ADDRESS **2683 WALNUT DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **S** ☒ Change ☐ Addition
 NAME **SNOEK LINDA J**
 STREET ADDRESS **2683 WALNUT DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

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

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

TITLE ☐ Change ☐ 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:

[Signature]

L. J. SNOEK

2 April 2001

727 540 0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)