

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000028393**

1. Entity Name

SUSAN BOWEN, INC.**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90013 018 ***150.00

Principal Place of Business

33 BANYAN DR
OCALA FL 34482

Mailing Address

P.O. BOX 831351
OCALA FL 34483

2. Principal Place of Business

499 NE 53rd St

Suite, Apt. #, etc.

3. Mailing Address

499 NE 53rd St

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3368577

Applied For

Not Applicable

Zip

34479

Country

US

Zip

34479

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

BOWEN, SUSAN**530 NE 39 STREET** **499 NE 53rd St**
OCALA FL 34479

7. Name and Address of New Registered Agent

Name

Susan Bowen

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

499 NE 53rd St.

City

Ocala**FL**

Zip Code

34479

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 **Susan Bowen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-28-01

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 **PVSD** ☐ Delete
NAME **BOWEN, SUSAN**
STREET ADDRESS **530 NE 39 STREET** **499 NE 53rd St**
CITY-ST-ZIP **OCALA FL 34479**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Susan Bowen** **Susan Bowen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

352-401-3671

Daytime Phone #

CR2E034 (10/00)