

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90109 046 ***150.00

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DOCUMENT # P96000049715

1. Entity Name
TOWDEN, INC.



Principal Place of Business
**21316 ST. ANDREWS BLVD.
#160
BOCA RATON FL 33433
US**

Mailing Address
**21316 ST. ANDREWS BLVD
#160
BOCA RATON FL 33433
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0683190**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENOWITZ, RONNIE

~~6007 BALBOA CIRCLE~~ **6163 GOLF VISTA WAY**
BOCA RATON FL 33433

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

RONNIE DENOWITZ

(NOTE: Registered Agent signature required when reinstating)

3/31/03

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DENOWITZ, RONNIE	
STREET ADDRESS	6007 BALBOA CIRCLE NO 303	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEWOWITZ, DAVID	
STREET ADDRESS	6007 BALBOA CIRCLE NO 303	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6163 GOLF VISTA WAY	
STREET ADDRESS	BOCA RATON FLA 33433	
CITY-ST-ZIP		
TITLE	6163 GOLF VISTA WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6163 GOLF VISTA WAY	
STREET ADDRESS	BOCA RATON FLA 33433	
CITY-ST-ZIP		
TITLE	ROBERT BLOOM, PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9625 NW 61 DRIVE	
STREET ADDRESS	PARKLAND, FLA 33076	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DAVID J DENOWITZ* **3/31/03** **561-427-7794**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)