

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90240 038 \*\*\*150.00

DOCUMENT # P96000066756

1. Entity Name

Lowry Design & Development, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1004 Washington St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

4. FEI Number

59-3397194

Applied For

Not Applicable

Zip

33019

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert P. Lowry

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

1004 Washington St

City

Hollywood

FL

Zip Code

33019

**DO NOT WRITE  
IN THIS SPACE**

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

Robert P. Lowry  
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

4/12/02

9. This corporation is eligible to satisfy its Intangible

• Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>P/DIST</u>
NAME	<u>Robert P. Lowry</u>
STREET ADDRESS	<u>1004 Washington St</u>
CITY-ST-ZIP	<u>Hollywood FL 33019</u>
TITLE	<u>VP</u>
NAME	<u>Robert L. Lowry</u>
STREET ADDRESS	<u>11 Thunderbay Dr</u>
CITY-ST-ZIP	<u>Gray TN 37615</u>
TITLE	<u>Brook Ribbins</u>
NAME	<u>310 Magnolia St</u>
STREET ADDRESS	<u>Atlantic Bch FL 32233</u>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert P. Lowry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/12/02 (454) 920-7817

CR2E034B (12/01)