

FILED
 Jul 09, 2002 8:00 am
 Secretary of State

05-15-2002 90084 006 ***150.00

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

DOCUMENT # P96000071501
 1. Entity Name
 Bowlin' Place, Inc. ✓

38293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 50 U. S. Hwy 17 S.
 Suite, Apt. #, etc.

3. Mailing Address
 50 U.S. Hwy 17 S.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Yulee, FL

City & State
 Yulee, FL

Zip
 32097

Country
 USA

Zip
 32097

Country
 USA

4. FEI Number
 59-3407597

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name
 CAROLYN M BLANKENSHIP

Street Address (P.O. Box Number is Not Acceptable)
 5009 KAREN ST

5009 Karen St

City
 Fernandina Beach FL

Zip Code
 32034

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 _____

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 \$81.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	President CAROLYN M BLANKENSHIP 5009 Karen Street Fernandina Beach FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tamara Johnson 409 E Schley Douglass Ma 31533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carolyn M Blankenship

41 SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

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