

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072930

1. Entity Name

CONNIE MAY FOWLER, INC.

FILED

May 21, 2000 8:00 am
Secretary of State

05-21-2000 90006 036 ***150.00

Principal Place of Business

Mailing Address

RR1 BOX 3450
ALLIGATOR POINT FL 32346
US

P O BOX 31
LLOYD FL 32337-0031
US

2. Principal Place of Business

P.O. BOX 31

3. Mailing Address

Suite, Apt. #, etc.

City & State

LLOYD FL

City & State

4. FEI Number

59-3396295

Applied For

Not Applicable

Zip

32337-0031

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, MIKA A
ROUTE 1 BOX 3450
ALLIGATOR POINT FL 32346

P.O. Box 31
LLOYD FL 32337-0031

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11

TITLE D ☐ Delete
NAME FOWLER, CONNIE MAY
STREET ADDRESS ROUTE 1 BOX 3450 P.O. Box 31
CITY-ST-ZIP ALLIGATOR POINT FL 32346 LLOYD FL 32337

TITLE D ☐ Delete
NAME FOWLER, MIKA A
STREET ADDRESS ROUTE 1 BOX 3450 P.O. Box 31
CITY-ST-ZIP ALLIGATOR POINT FL 32346 LLOYD FL 32337

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

997 3806

Daytime Phone #

CR2E034 (9/99)