

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058728

1. Entity Name

BOWMAN COMMUNICATIONS, INC.

COMPUTER CARE N/C 3/21/01 (TM)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90481 009 ***150.00

Principal Place of Business

P O BOX 2424
POMPANO BEACH FL 33061
US

Mailing Address

P O BOX 2424
STE 14
POMPANO BEACH FL 33061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0767824

Applied For

Not Applicable

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

BOWMAN, KAREN J
4451 COCONUT CREEK BLVD
POMPANO BEACH FL 33066

Name

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

City

COCONUT CREEK

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

Karen J. Bowman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOWMAN, KAREN J
STREET ADDRESS 113 GARDENS DR #203
CITY-ST-ZIP POMPANO BEACH FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS 4451 COCONUT CREEK BLVD.
CITY-ST-ZIP COCONUT CREEK, FL 33066

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Karen J. Bowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

954-2704139

Daytime Phone #

CR2E034 (10/00)