2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000089846 **DOCUMENT#**



FILED Mar 07, 2003 8:00 am Secretary of State

1. Entity Name ALAN BOWEN DRYWALL, INC.								03-07-2003 90119 015 ***150.00			
Principal Place of Business 11442 LONGHILL COURT SPRING HILL FL 34609 Mailing Address 11442 LONGHILL COURT SPRING HILL FL 34609 SPRING HILL FL 34609											
2. Principal Pl	lace of Business	<u></u>	3. Maili	ng Address					8)	1111 OF ORBE 1111 FIRST	
6579 W. Oaklawn St. 6579 W. Oa					k1a	wn St.		N			
Suite, Apt.		<u> </u>		, Apt. #, etc.				CHECK HERE IF N	MAKING CHANG		
City & State				City & State			4.	FEI Number 59-3476848	_	Applied For Not Applicable	
Homosassa F1			Homosassa F1				\$8.75 Additional				
Zip	1	•	Zip				5.	Certificate of Status Desired	Fee Requ		
34446 Citrus 6. Name and Address of Current R			Hegistered	3/1/46 Citrus			7.	7. Name and Address of New Registered Agent			
	o. Ivalic uno	Addition of Carton	Tiogicie. C			Name					
BOWEN, ALAN T						Street Address (P.O. Box Number is Not Acceptable)					
11442 LONGHILL COURT									·		
SPRING H	IILL FL 34609							· · · · · · · · · · · · · · · · · · ·			
						City		•	FL Zip C		
			or the purpo	ose of changing its	register	ed office or	registered a	gent, or both, in the State of Florida	a. I am familiar w	th, and accept	
the obligati	ions of registered	agent.									
SIGNATURE .	Alan T	. Bowen			. Dogistara	d Amont cionatu	re required when	3/5/200	3		
FILE NOW!!! FEE(S \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida: Department of State							9. Election Campaign Finance		5.00 May Be		
			f State					Trust Fund Contribution.	∐ Ad	ded to Fees	
Make Check		orida;Department o		RS.	11.						
Make Check	Payable to Flo				11.		A	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICE		ORS IN 11	
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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:

3/5/2003

Daytime Phone #