

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104272

1. Entity Name

HAROLD L. COWAN, CPA, P.A.

Principal Place of Business

Mailing Address

139 S. PEBBLE BEACH BLVD.
SUITE 105
SUN CITY CENTER FL 33573

139 S PEBBLE BEACH BLVD
SUITE 105
SUN CITY CENTER FL 33573

2. Principal Place of Business

1110 BRANDON LAKES AVE

3. Mailing Address

1110 BRANDON LAKES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-3481708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COWAN, HAROLD L
139 S PEBBLE BEACH BLVD
SUITE 105
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name
COWAN, HAROLD L

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

1110 BRANDON LAKES AVE

City VALRICO

FL

Zip Code

33594

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

HAROLD L COWAN

AK Brown

1/8/01

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, 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

TITLE PSTD
NAME COWAN, HAROLD L
STREET ADDRESS 139 S. PEBBLE BEACH BLVD.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME COWAN, HAROLD L
STREET ADDRESS 1110 BRANDON LAKES AVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE
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STREET ADDRESS
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TITLE
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:

HAROLD L COWAN

AK Brown

1/8/01

(813) 571-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0337563

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

01-16-2001 90061 046 ***150.00

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DO NOT WRITE IN THIS SPACE