

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-16-2001 90001 021 ***150.00

DOCUMENT # P97000108401

1. Entity Name

A.E. ENTERPRISES OF TALLAHASSEE, INC.

Principal Place of Business

**P O BOX 1008
 HAVANA FL 32331-1008**

Mailing Address

**P O BOX 1008
 HAVANA FL 32331-1008**

**7696 FAIRBANKS FERRY RD.
 HAVANA, FL 32333**

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

59-3223890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BOWEN, ARLIE

**1839 HOMEWOOD RD
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **BOWEN ARLIE**

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

7696 FAIRBANKS FERRY RD.

City **HAVANA**

FL

Zip Code **32333**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-31-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **BOWEN, ARLIE**
 STREET ADDRESS **P O BOX 1008 N/A**
 CITY-ST-ZIP **HAVANA FL 32331-1008**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Arlie Bowen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-01

Date

Daytime Phone #

CR20024 (5/01)

Attachment
A008380

Doc # 097000/08401
TO WHOM IT MAY CONCERN
FM A.E. BOWEN

I DID "NOT" RECEIVE
THE ANNUAL "UGR" UNTIL
JUNE OF 01. NOTHING
CAME TO THIS P.O. BOX
IN JANUARY.

I AM THEREFORE
SENDING THE STANDARD
150.00 FEE AND REQUESTING
THAT YOU WAIVE THE 400.00
LATE CHARGE.

THANK YOU
A.E. BOWEN