

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.

LA

Principal Place of Business Mailing Address
P O BOX 1008 P O BOX 1008
HAVANA FL 32331-1008 HAVANA FL 32331-1008
7696 FAIRBANKS FERRY RD.
HAVANA, FL. 32333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3223890		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOWEN, ARLIE				Name BOWEN ARLIE			
1839 HOMEWOOD RD				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303				7696 FAIRBANKS FERRY RD.			
				City HAVANA		Zip Code FL 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 *A. Bowen* DATE **7-31-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ARLIE		NAME		
STREET ADDRESS	P O BOX 1008 N/A		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32331-1008		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *A. Bowen* DATE **7-31-01**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02024 (5/01)

Attachment
A058380

Doc # 997000108401
TO WHOM IT MAY CONCERN
FM A. E. BOWEN

I DID "NOT" RECEIVE
THE ANNUAL "UBR" 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