

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90103 049 ***150.00

DOCUMENT # P98000013342

1. Entity Name
BARBARA C. STOWE, INC.



Principal Place of Business
1251 TAYLOR LANE
6C
LEHIGH ACRES FL 33936

Mailing Address
1251 TAYLOR LANE
6C
LEHIGH ACRES FL 33936

2. Principal Place of Business

411 Lee Blvd
Suite, Apt. #, etc.
2

City & State
Lehigh Acres, FL

Zip Country
33936 Lee

3. Mailing Address

411 Lee Blvd
Suite, Apt. #, etc.
2

City & State
Lehigh Acres FL

Zip Country
33936 Lee



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0814782**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOWE, BARBARA
1251 TAYLOR LANE
STE GC
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **STOWE, BARBARA**
STREET ADDRESS **1251 TAYLOR LANE 6C**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P.D. Barbara Stowe**
STREET ADDRESS **411 Lee Blvd #2**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Barbara Stowe** **Barbara Stowe** **3/27/03** **239. 347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)