

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90142 014 ***150.00

DOCUMENT # *P98000023089*

1. Entity Name *MICHAEL J. BOWEN INC.* ✓



DO NOT WRITE IN THIS SPACE

30073587

2. Principal Place of Business
2074 Old TRAIN RD,
Suite, Apt. #, etc.

3. Mailing Address
2074 Old TRAIN RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL
Zip
32738
Country
U.S.A.

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Zip
32738
Country
U.S.A.

4. FEI Number
65-0824873
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MICHAEL BOWEN

Street Address (P.O. Box Number is Not Acceptable)
2074 Old TRAIN RD

City
DELTONA **FL** Zip Code
32738

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*P
MICHAEL BOWEN
2074 Old TRAIN RD
DELTONA, FL 32738*

TITLE
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IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 *386/532-4130*
Date Daytime Phone #