

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023390

1. Entity Name

S. BOWNE' & COMPANY

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90025 050 ***150.00

Principal Place of Business

1018 THOMASVILLE RD.
 STE.110
 TALLAHASSEE FL 32303

Mailing Address

1018 THOMASVILLE RD.
 STE.110
 TALLAHASSEE FL 32303-6271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3501630

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWNE', SHIRLEE P
 1018 THOMASVILLE RD.
 STE.110
 TALLAHASSEE FL 32303

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P BOWNE', SHIRLEE P.** ☐ Delete
 NAME **SHIRLEE P BOWNE'**
 STREET ADDRESS **1018 THOMASVILLE RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32203**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Shirlee P Bowne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-2000
 Date Daytime Phone #

#P98000023390
A0066655

S. BOWNÉ & COMPANY

Florida Division of Corporations
Uniform business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2000 Uniform Business Report
S. Bowné & Company


Attached is my check in the amount of \$150.00 and the signed form.

In early January of this year I was diagnosed with breast cancer and have had two surgeries and entered into radiation and chemotherapy treatment. Consequently, I have not been going to the office nor receiving mail on a regular basis.

I talked with a representative from your office, explained the above, and was told to send a check for \$150.00 and a letter of explanation for the missed deadline.

Thank you for your consideration.

Sincerely,


Shirlee Bowné
5-10-2000

SHIRLEE P. BOWNÉ
PRESIDENT

1018 THOMASVILLE ROAD SUITE 110 TALLAHASSEE, FLORIDA 32303 (850) 222-2460 FAX (850) 222-2575