

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000024355**

1. Entity Name

ED TOWEY & ASSOCIATES, INC.

Principal Place of Business

**307 WEST PARK AVENUE
TALLAHASSEE FL 32301
US**

Mailing Address

**POST OFFICE BOX 38144
TALLAHASSEE FL 32315-8144**

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 **59-3507514**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STERNS, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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.

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, 2001 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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	TOWRY, ED	
STREET ADDRESS	PO BOX 38144	
CITY-ST-ZIP	TALLAHASSEE FL 32315	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWEY, ED	
STREET ADDRESS	PO Box 38144	
CITY-ST-ZIP	Tallahassee, FL 32315	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90031 008 ***150.00



DO NOT WRITE IN THIS SPACE

0461203

CR2E034 (10/00)