

# 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

## 6. Name and Address of Current Registered Agent

STERNS, RANDY K  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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  
NAME: TOWRY, ED  
STREET ADDRESS: PO BOX 38144  
CITY-ST-ZIP: TALLAHASSEE FL 32315

Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

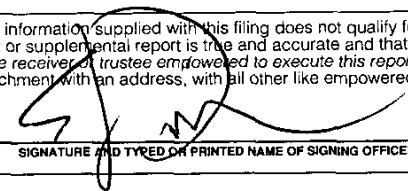
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

Daytime Phone #

0461203

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

01-12-2001 90031 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3507514**  Applied For  
 Not Applicable

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

## 7. Name and Address of New Registered Agent

CR2034 (10/00)