2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000033740 Apr 12, 2000 8:00 am Secretary of State BOWERS ELECTRIC INC. 04-12-2000 90051 042 ***150.00 Principal Place of Business Mailing Address 20751 S.R. 520 20751 S.R. 520 ORLANDO FL 32823 ORLANDO FL 32823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3567384 Zip Not Applicable 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 Name **BOWERS, JANET** Street Address (P.O. Box Number is Not Acceptable) 20751 S.R. 520 SUITE 105 ORLANDO FL 32823 City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME Change BOWERS, RICK L ☐ Addition NAME STREET ADDRESS 20700 NEWBY ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32833 CITY-ST-ZIP TITLE VΡ ☐ Detete Change NAME ☐ Addition **BOWERS, JANET** NAME STREET ADDRESS 20700 NEWBY ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32833 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, we all other like empowered.