

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039840

1. Entity Name

ROWE MOTORS, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90091 045 \*\*\*150.00

Principal Place of Business Mailing Address  
6301 SAN JUAN AVE 6301 SAN JUAN AVE  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-2853

JAX FL 32210

2. Principal Place of Business 3. Mailing Address  
6667 San Juan Ave 2727 Austin Rose Ln  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
JAX FL Orange Park FL  
Zip Country Zip Country  
32210 USA 32073 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509432 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
ROWE, DONNA M  
6301 SAN JUAN AVE  
JACKSONVILLE FL 32210

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 Donna M Rowe 3-31-00  
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  
TITLE ☐ Delete  
NAME ROWE, THOMAS K  
STREET ADDRESS 2727 AUSTIN ROSE LN  
CITY-ST-ZIP ORANGE PARK FL 32073  
TITLE ☐ Delete  
NAME ROWE, DONNA  
STREET ADDRESS 2727 AUSTIN ROSE LN  
CITY-ST-ZIP ORANGE PARK FL 32073  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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(9)(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: Donna M Rowe Sec 3-31-00 904-213-0422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)