## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000054851 **DOCUMENT #**

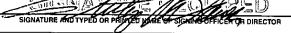


## **FILED** Feb 18, 2003 8:00 am Secretary of State

SOWA, INC.								02-18-2003 90100 008 ***130.00			
Principal Place of Business 273 W OVERBROOK ST LARGO FL 33770			273 V	Mailing Address 273 W OVERBROOK ST LARGO FL 33770				1 / <b>1   1</b>   1   1   1   1   1   1   1   1	<b>FO</b> lki <b>Co</b> lei <b>C</b> kiki <b>O</b> loo) 10/el	<b>a</b> fi <b>a</b> t (187 188)	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City	City & State			4	59-3521594 Applied For Not Applicable			
Zip				p Country		itry	5	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					
The second secon						* Name*					
SOWA, PHILIP M 273 W OVERBROOK ST						Street Address (P.O. Box Number is Not Acceptable)			<u></u>		
LARGO FL 33770							-	7,484			
						City FL Zip Code					
the obliga	e named entity tions of regist	/ submits this stateme ered agent.	ent for the purp	oose of changing it	s register	ed office or regi	stered a	agent, or both, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered	agent and title if age	plicable. (NO	TF: Registere	d Agent signature req	uired whe	en reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final     Trust Fund Contribution.	ncing <b>\$5.0</b>	00 May Be	
10. OFFICERS AND				DIRECTORS 11.				 ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	SIN 11	
TITLE , NAME ,	D SOWA, PH	ILIP M		☐ Delete	TITLE NAM	:		TO THE STATE OF TH	☐ Change	Addition	
CITY-ST-ZIP	LARGO FL	RBROOK ST 33770				ET ADDRESS -ST-ZIP					
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TITLE NAME	D SOWA, RY			☐ Delete	TITLE	ľ			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Wright, L 331 5th a	Duis		☐ Delete	1	i			☐ Change	☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone #