

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90094 049 ***150.00

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DOCUMENT # P98000067078

1. Entity Name
BOWLES ENTERPRISES, INC.



Principal Place of Business
**4502 OLD WINTER GARDEN RD
STE H
ORLANDO FL 32811**

Mailing Address
**5093 ERNST CT
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

110 Lakenew Reserve Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Garden, FL

4. FEI Number **59-3532607**

Applied For
Not Applicable

Zip

Country

Zip

Country

34787

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

**BEEBE, CHERYL L
5093 ERNST CT
ORLANDO FL 32819**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)
110 Lakeview Reserve Blvd.

City **Winter Garden**

FL

Zip Code **34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cheryl Beebe VP Treas*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **BOWLES, MARK L**
STREET ADDRESS **5093 ERNST CT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SAME** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **110 Lakenew Reserve Blvd.**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **VT** ☐ Delete
NAME **BEEBE, CHERYL**
STREET ADDRESS **5093 ERNST CT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SAME** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **110 Lakeview Reserve Blvd.**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

Cheryl Beebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5103

407-877-7244

Date

Daytime Phone #

CR2E034 (10/02)