## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000081143 Jan 24, 2000 8:00 am **Secretary of State** BOWER MANAGEMENT GROUP, INC. 01-24-2000 90091 013 \*\*\*150.00 Principal Place of Business Mailing Address 2421 HOLLYWOOD BLVD. 2421 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0866475 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. BOWER IR NILLIAM BOWER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2421 HOLLYWOOD BLVD. おひり HOLLYWOOD FL 33020 7.421 WOLLYWOOD 307/2 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME BOWER, WILLIAM STREET ADDRESS STREET ADDRESS 2421 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 #(P), PRES. Addition ☐ Delete TITLE ☐ Change NAME BOWER, WILLIAM JR NAME STREET ADDRESS STREET ADDRESS 2421 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ---SEC/TRES. Change ☐ Addition TITLE ☐ Delete SUZANNE . E BOWEK NAME NAME 2421 Hourman BIVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD R1 33020 CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.