

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90060 002 \*\*\*150.00

**DOCUMENT # P98000084131**

1. Entity Name  
**BOWERS PUBLICATIONS, INC.**

Principal Place of Business Mailing Address  
**6079 OLD PASCO ROAD POST OFFICE BOX 7077**  
**WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33543-7077**

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**9049 Callaway Dr P.O. Box 3867**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3216599 Applied For  
**New Port Richey, FL HOLIDAY, FL** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional  
**34655 USA 34690 USA** Fee Required

**6. Name and Address of Current Registered Agent**

**BOWERS, MARK L**  
**6079 OLD PASCO ROAD**  
**WESLEY CHAPEL FL 33544**

**7. Name and Address of New Registered Agent**

Name **MARK L. BOWERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9049 Callaway Dr**  
 City **New Port Richey** FL Zip Code **34655**

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 Mark L Bowers **MARK L. BOWERS, PRESIDENT** **2-14-00**  
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.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWERS, GEORGE R</b> <b>6079 OLD PASCO ROAD</b> <b>WESLEY CHAPEL FL 33544</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWERS, GEORGE R</b> <b>9049 Callaway Dr</b> <b>New Port Richey, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWERS, MARK L</b> <b>6079 OLD PASCO ROAD</b> <b>WESLEY CHAPEL FL 33544</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWERS, MARK L</b> <b>9049 Callaway Dr</b> <b>New Port Richey, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Mark L Bowers **MARK L. BOWERS** **2-14-00** **(727) 376-0441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #