

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90080 033 ***150.00

DOCUMENT # P98000085771

1. Entity Name
COWAN ENTERPRISES INC.

Principal Place of Business

**2108 SAN JOSE BLVD
 ORLANDO FL 32808**

Mailing Address

**2108 SAN JOSE BLVD
 ORLANDO FL 32808**

2. Principal Place of Business

2932 LAZLO LN

3. Mailing Address

2932 LAZLO LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. FEI Number

59-3536138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COWAN, MAURICE D
 2108 SAN JOSE BLVD
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **MAURICE D. COWAN**

Street Address (P.O. Box Number is Not Acceptable)

2932 LAZLO LN

City

ORLANDO

FL

Zip Code

32837

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 Maurice D. Cowan **MAURICE D. COWAN PRESIDENT** 04/16/02

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, 2002 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 **D** ☒ Delete
 NAME **COWAN, MAURICE D**
 STREET ADDRESS **2102-F WEST OAK RIDGE ROAD**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ Delete
 NAME **COWAN, VERONICA**
 STREET ADDRESS **2102-F WEST OAK RIDGE ROAD**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Delete
 NAME **COWAN, MAE E**
 STREET ADDRESS **2108 SAN JOSE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32808**

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 **D** ☒ Change ☐ Addition
 NAME **COWAN, MAURICE D**
 STREET ADDRESS **2932 LAZLO LN**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☒ Change ☐ Addition
 NAME **COWAN, VERONICA**
 STREET ADDRESS **2932 LAZLO LN**
 CITY-ST-ZIP **ORLANDO FL 32837**

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(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: Maurice D. Cowan **MAURICE D. COWAN** 04/16/02 (407)230-4809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)