

2001 UNIFORM BUSINESS REPORT (UBR)

4/19/

FILED

May 11, 2001 8:00 am
Secretary of State

04-19-2001 90062 017 ***150.00

DOCUMENT # P98000100992 ✓

1. Entity Name

Ilowa Inc.

Principal Place of Business

Mailing Address

83409

P.O. Box 386

Overseas Hwy.

Islamorada FL.

Islamorada FL. 33036

33036

2. Principal Place of Business

83409 Overseas Hwy

3. Mailing Address

P.O. Box 386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Islamorada FL.

City & State

Islamorada FL.

4. FEI Number

59-3553837

Applied For

Not Applicable

Zip

33036

Country

U.S.

Zip

33036

Country

U.S.

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

Ilowa Sandrey
P.O. Box 386 83409 Overseas Hwy
Islamorada FL. 33036

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001, 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
President
Ilowa Sandrey
83409 Overseas Hwy Islamorada FL 33036

☐ Delete

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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:

Ilowa Sandrey ILOWA SANDREY

4/6/01

305/664-8603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (11/00)