2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90139 049 ***150.00

FILED

POCUMENT # P99000004185	
OWLES AMALGAMATED INDUSTRIES, INC.	

Principal Place of Business

9 S.W. 13TH ST.

FORT LAUDERDALE FL 33315

Mailing Address

9 S.W. 13TH ST. FORT LAUDERDALE FL 33315

2. Principal Place of Business	3. Mailing Address
1424 SE 14TH ST	1424 SE 14 TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For 65-0887602 FT LAUDERDALE LAUDERDAGE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired BROWARD 3 ROWARD Fee Required -6. Name and Address of Current Registered Agent-7.-Name and Address of New Registered Agent-

JOHSON, SEAN 9 S.W. 13TH ST.

FORT LAUDERDALE FL 33315

Name	RODNEY	BOWLES

Street Address (P.O. Box Number is Not Acceptable) ろと 1477

LAUDERDALE

8.	The above named entity submits this statement for the purpose of changing its regist	ered office or registered agent	, or both, in the State of Florida.	Lam familiar	with, and accep
	the obligations of registered agent.	-			·

SIGNATURE

4/21/03

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 ☐ Delete TITLE Addition ☐ Change **BOWLES, RODNEY** NAME NAME STREET ADDRESS 4124 SE 14TH ST. STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-7IP **VPD** TITLE ☐ Delete TITLE ☐ Change Addition **BOWLES, SUSAN** NAME NAME STREET ADDRESS 1424 SE 14TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition **BOWLES, JEFFREY** NAME NAME STREET ADDRESS 1424 SE 14TH ST. STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: