

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005386

1. Entity Name

BOWDEN BUILDING SERVICES INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1917 CHESAPEAKE CT
OLDSMAR FL 34677

1917 CHESAPEAKE CT.
OLDSMAR FL 34677-2615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617958

Applied For

Not Applicable

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

BOWDEN, JEFF
1917 CHESAPEAKE CT.
OLDSMAR FL 34677

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)



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	PRESIDENT	<input type="checkbox"/> Delete
NAME	BOWDEN, JEFFERY L.	
STREET ADDRESS	1917 CHESAPEAKE COURT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

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: X

TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-13-00 X 813 855 8564

DATE

Daytime Phone

CR2E034 (9/99)

BOWDEN BUILDING SERVICES INC.
PO BOX, 691
Oldsmar, Florida 34677
(813) 855 - 8564
FAX 855 - 7594

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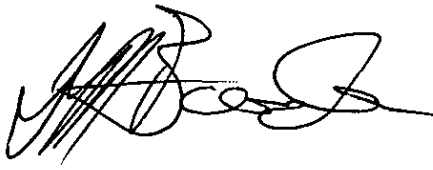
DATE: July 10, 2000

TO: Florida Department of State
Division of Corporations

To whom it may concern,

In January 2000 we had filed a UBR form for Bowden Building Services Inc., We have recently received a second notice for this Corporation, Per our conversation on July 10, 2000, with your Reinstatement Department, We have been instructed to resubmit this attached UBR form with \$150.00 filing fee each.

Thank you in advance for your prompt attention to this matter.



e-mail: bowdenbuild@fl.freeci.net