

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035844

1. Entity Name

KENT A. LOWE, INC.

Principal Place of Business

1820 S. WESTWOOD BLVD.
MELBOURNE FL 32901

Mailing Address

1820 S. WESTWOOD BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LOWE, KENT A
1820 S. WESTWOOD BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

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 filer if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$350.00
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 **LOWE, KENT A**
STREET ADDRESS **1820 S. WESTWOOD BLVD.**
CITY-STATE-ZIP **MELBOURNE FL 32901**

TITLE **VP** ☐ Delete
NAME **Aaron Belka**
STREET ADDRESS **1820 S Westwood Blvd**
CITY-STATE-ZIP **Melbourne FL 32901**

TITLE **Treas** ☐ Delete
NAME **James C McNeely III**
STREET ADDRESS **1820 S Westwood Blvd**
CITY-STATE-ZIP **Melbourne FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90082 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)