

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90065 022 ***150.00

DOCUMENT # P99000044567

1. Entity Name

BOWEN'S CUSTOM CABINETRY, INC.

Principal Place of Business

**1601 FORUM PLACE, STE. 906
 WEST PALM BEACH FL 33401**

Mailing Address

**1601 FORUM PLACE, STE. 906
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

1551 Forum Pl #500B
 Suite, Apt. #, etc.
500B

3. Mailing Address

1551 Forum Pl
 Suite, Apt. #, etc.
500B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOWEN, RANDY L
 1601 FORUM PLACE, STE. 906
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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, 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

TITLE **PSD** ☐ Delete
 NAME **BOWEN, RANDY L**
 STREET ADDRESS **1601 FORUM PLACE, STE. 906**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VTD** ☐ Delete
 NAME **BOWEN, TAMMY L**
 STREET ADDRESS **1601 FORUM PLACE, STE. 906**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☒ Delete
 NAME **BOWEN, RICK L**
 STREET ADDRESS **1601 FORUM PLACE, STE. 906**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1551 Forum Pl. Ste 500B**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1551 Forum Pl. Ste 500B**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Randy Bowen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

CR2E034 (10/00)

0280314