2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000044567

1. Entity Name

SIGNATURE:

BOWEN'S CUSTOM CABINETRY, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91081 017 ***150.00

			Go WE 1	
1551 FORUM	ace of Business # PLACE	Mailing Address 1551 FORUM PLACE		
500 D		500 D		
WEST PALM	BEACH FL 33401	WEST PALM BEACH FL	. 33401	I SERVICE AND AND ADDRESS OF A CONTRACT OF A
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & Sta	ate	City & State		4. FEI Number 65-0016011 Applied For
Zip	Country	Zip	Country	Not Applicate
	6 Name and Address 4.0			5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
BOWEN,	RANDY L		Name	
	RUM PLACE		Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 50	0 D			
WEST PA	LM BEACH FL 33401			
			City	FL Zip Code
8. The above	e named entity submits this statement	for the purpose of changing it	s registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
<i>.</i>			· ·	
SIĞNATURE	- Kamp Doure			7
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature req	quired when reinstating) DATE
F	ILE NOW!!!, FEE IS \$150.00			
Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State	-	9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	PSD Bowen, randy L	☐ Delete	- TITLE	
STREET ADDRESS	1551 FORUM PLACE STE 500 E	\	NAME	☐ Change ☐ Addition
CITY-ST-ZIP	WEST PALM BEACH FL 33401		STREET ADDRESS CITY-ST-ZIP	
TITLE	PSD	☐ Delete		
NAME	BOWEN, TAMMY L		TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1551 FORUM PLACE STE 500 D		STREET ADDRESS	
	WEST PALM BEACH FL 33401		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME	☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
IAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
ITLE		☐ Delete	TITLE	
AME Treet address			NAME	☐ Change ☐ Addition
ITY-ST-ZIP			STREET ADDRESS	
TLE			CITY-ST-ZIP	
AME		☐ Delete	TITLE	☐ Change ☐ Addition
TREET ADDRESS			NAME STREET ADDRESS	
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
indicated or	rtify that the information supplied with in this report or supplemental report is pration or the receiver or trustee.	this filing does not qualify for true and accurate and that m	the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if