

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90379 018 \*\*\*150.00

**DOCUMENT # P99000061707**

1. Entity Name

KATHY ROWELL, P.A.

Principal Place of Business

1030 S. FEDERAL HIGHWAY  
 SUITE 101  
 DELRAY BEACH FL 33483

Mailing Address

1030 S. FEDERAL HIGHWAY  
 SUITE 101  
 DELRAY BEACH FL 33483

2. Principal Place of Business

512 Kanuga Drive

Suite, Apt. #, etc.

C

City & State

West Palm Beach

Zip 33401

Country

USA

3. Mailing Address

512 Kanuga Drive

Suite, Apt. #, etc.

C

City & State

West Palm Beach

Zip 33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934286

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

ROWELL, KATHY  
 317 NEW LAKE DRIVE  
 BOYNTON BEACH FL 33426

Name

Kathy Rowell

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

512 Kanuga Drive

Suite, Apt. #, etc.

Apt. C

City

West Palm Beach FL

Zip Code

33401

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

Kathy Rowell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO  
 NAME ROWELL, KATHY  
 STREET ADDRESS 317 NEW LAKE DRIVE  
 CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE PO  
 NAME Kathy Rowell  
 STREET ADDRESS 512 Kanuga Drive, Apt. C  
 CITY-ST-ZIP West Palm Beach, FL 33401 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Delete

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

Kathy Rowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (561)317-5980

Date

Daytime Phone #

CR2E034 (1/0/00)