2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT # P99000075527

1. Entity Name

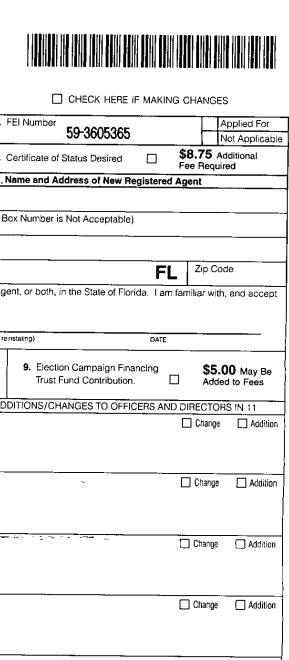
ROWE ENTERPRISES, INC.



Principal Place of Business Mailing Address 4127 SE 109 STREET ROUTE 3, BOX 511 STARKE FL 32091 STARKE FL 32091 2. Principal Place of Business 3719 S.E.109 +h 3. Mailing Address INGTH CH

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90233 003 ***150.00



Suite, Apt	#, etc.	Suite, Apt. #, etc.	<u>0-1 - 31</u>	CHECK HERE IF MAKING CHANGES	
STO-V	ke, Fl	Style State Ke, F	1	4. FEI Number 59-3605365 Applied Fo	
3200	91 Bradford	32091	Bradfor	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	- 6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent	
BROWN, TERENCE M 486 NORTH TEMPLE AVENUE STARKE FL 32091			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	3e
10.	OFFICERS AND DIS	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, JERRY ROUTE 3, BOX 511 STARKE FL 32091	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, DONNA ROUTE 3, BOX 511 STARKE FL 32091	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addia	ition
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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 direction 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 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: