

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000097138**

1. Entity Name
BOWEN'S MARINE CONSTRUCTION, INC.



Principal Place of Business
**489 STARRATT RD.,LOT 13
JACKSONVILLE FL 32218**

Mailing Address
**489 STARRATT RD.,LOT 13
JACKSONVILLE FL 32218**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-3609687** 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**

**BOWEN, MICHELE L
489 STARRATT RD.,LOT 13
JACKSONVILLE FL 32218**

Name

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

12350 Yellow Bluff Rd.

City **Jacksonville** FL Zip Code **32226**

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 Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWEN, MICHELE L 489 STARRATT RD.,LOT 13 JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 12350 Yellow Bluff Rd. Jacksonville, Fl. 32226 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWEN, MICHAEL 489 STARRATT RD.,LOT 13 JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12350 Yellow Bluff Rd. Jacksonville, Fl. 32226 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLDER, MICHAEL 489 STARRATT RD.,LOT 13 JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12350 Yellow Bluff Rd. Jacksonville, Fl. 32226 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele L. Bowen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 (904) 813-3710

Date

Daytime Phone #

68200
AV

CR2E034 (10/02)