

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102114

1. Entity Name
DIRECTTOWERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90007 027 ***158.75

Principal Place of Business

Mailing Address

619 CATTLEMAN RD. #12
SARASOTA FL 34232

619 CATTLEMAN RD. #12
SARASOTA FL 34232

549525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0963179

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KAMP, RONNIE
391 INTERSTATE BLVD
SARASOTA FL 34240

Name BONNIE BOWERS

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

619 CATTLEMEN RD STE 12

City SARASOTA

FL

Zip Code 34232

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

Bonnie Bowers

Signature, typed or printed name of

Title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KAMP, BONNIE
STREET ADDRESS 391 INTRSTATE BLVD
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ Change ☐ Addition
NAME BONNIE BOWERS
STREET ADDRESS 619 Cattlemen Rd Ste 12
CITY-ST-ZIP Sarasota FL 34232

TITLE D ☐ Delete
NAME ROBERTS, GEOFFREY H
STREET ADDRESS 391 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ Change ☐ Addition
NAME Geoffrey H. Roberts
STREET ADDRESS 619 Cattlemen Rd Ste 12
CITY-ST-ZIP Sarasota FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Bonnie Bowers

BONNIE BOWERS

04/30/01

343-6180
941-~~555-5065~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)