FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107988 1. Entity Name JOHN O. MCGOWAN, P.A.					Mar 09, 2001 8:00 am Secretary of State 03-09-2001 90490 016 ***150.00		
Principal Place of Business 2237大日中RESMOE 東京以 を東 の 世界十 教以下、155 、 大名称(S 以名称(S 以 以 以 以 以 以 以 以		Mailing Address 3227 H985EBH255 PRW55 SCHTH SURBORS MARLESSFIX 34 1604 US			1		
6640 Wi	Place of Business	3. Mailing Address 6640 Willow Pa	ark Dri	ve	(100%)	((1) 6 0 68 6 10 0 10	.01 (8) (60)
Suite, Apt		Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN	· · · · · · · · · · · · · · · · · · ·	
City & State Naples, Florida		City & State Naples, Florida		4. 1	El Number 59-3618651	 	oplied For ot Applicable
Zip 34109	Country USA	34109	USA_			\$8.75 Add	
	6. Name and Address of Current Re	egistered Agent	Name	7. N	lame and Address of New Regis	tered Agent	
MCGOWAN, JOHN O \$227 HQBSESHOE DRIVE; SQUTH; \$MTE; #195;			<u>J</u> ohr		O • McGowan ess (P.O. Box Number is Not Acceptable)		
	EESKELS84104k		City		oles FL Zip Code 34109		
Tax filing	Signature, typed of printer hade of letystered agent and oration is eligible to viatisfy its intangible requirement and elects to do so.	FILE NOW!!! F After MAY 1, 2001 I Make Check Payable to	EE IS \$150. Fee will be \$5	00 550.00	2 / 28 instating) 10. Election Campaign Financi Trust Fund Contribution.	DATE \$5.0	0 May Be
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCGOWAN, JOHN O -8227-HORSESHOE-DRIVE-SGLITH MAPLES PLY34104	□ Delete #10%	TITLE NAME STREET ADDRESS CITY-ST-ZIP		n, John O Willow Park Dri s, Florida 3410		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGOWAN, JOHN W -8227-HORSESHOE-DRIVE SCHIFH -NARLES FIX34104 X	#105		6640 V	n, John W. Willow Park Dri s, Florida 3410		Addition
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13. I hereby indicated of the co-	certify that the information supplied with ton this report or supplemental ecoly is to poration or the receiver or truster employ, or or an attachment with an active set.	nis filing does not qualify for the de and accurate and that my signed to execute this report as reported the district of the	exemption stat gnature shall he equired by Cha	ed in Section ave the same I pter 607, Flori	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; da Statutes; and that my name ap,	her certify that the ir that I am an officer pears in Block 11 or	nformation or director Block 12 if