

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30350

1. Entity Name
MOWTEC, INC.



FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90151 031 ***150.00

0410326 AV

Principal Place of Business
325 E. CRESCENT DRIVE
CLEWISTON FL 33440

Mailing Address
325 E. CRESCENT DRIVE
CLEWISTON FL 33440

325 E. CRESCENT 325 E. CRESCENT

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
CLEWISTON CLEWISTON

City & State
FL. FL.

Zip Country Zip Country
33440 HENDRY 33440 HENDRY

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0256439 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

WILSON, BLAKE
325 EAST CRESCENT DRIVE
CLEWISTON FL 33440

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
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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	WILSON, JOANN	325 E. CRESCENT DR	CLEWISTON FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	WILSON, BLAKE	325 E. CRESCENT DR	CLEWISTON FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<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: SIGNATURE REQUIRED 5-2-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

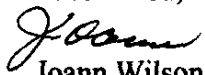
ATTACHMENT
90131820
830350

M.O.W.T.E.C, INC.
325 CRESCENT DRIVE
CLEWISTON, FLORIDA 33440
May 3, 2003

Dear Sir:

Please except this payment the office has been closed due to my stay in the hospital.

Thank You,



Joann Wilson,

M.O.W.T.E. C. iNC.