

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # V18727**1. Entity Name
MCGOWAN & COMPANY ENGINEERING, INC.Principal Place of Business
20055 NW 176TH AVE
OKEECHOBEE FL 34972 US
Mailing Address
20055 NW 176TH AVE
OKEECHOBEE FL 34972 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
3261 SW COQUINA COVE WAY
#107
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0324872
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent
MCGOWAN, THOMAS F., III
20055 NORTHWEST 176TH AVENUE
OKEECHOBEE FL 34972
7. Name and Address of New Registered Agent
Name
MCGOWAN THOMAS FIII
Street Address (P.O. Box Number is Not Acceptable)
3621 SW COQUINA COVE WAY
#107
City
PALM CITY FL Zip Code
34990

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 **THOMAS F. MCGOWAN, III****04/29/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOWAN MARCIA B.			NAME	MCGOWAN MARCIA B		
STREET ADDRESS	20055 NW 176TH AVE.			STREET ADDRESS	3621 SW COQUINA COVE WAY, #107		
CITY-ST-ZIP	OKEECHOBEE FL			CITY-ST-ZIP	PALM CITY FL 34990		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOWAN, THOMAS F., III			NAME	MCGOWAN THOMAS FIII		
STREET ADDRESS	20055 NW 176TH AVE			STREET ADDRESS	3621 SW COQUINA COVE WAY, #107		
CITY-ST-ZIP	OKEECHOBEE FL			CITY-ST-ZIP	PALM CITY FL 34990		
TITLE	PS	<input type="checkbox"/> Delete		TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: THOMAS F. MCGOWAN, III**P****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)