

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90095 046 ***150.00

MA90373 AV

DOCUMENT # V30282

1. Entity Name

J. BOWMAN & ASSOCIATES, INC.

Principal Place of Business

10846-97TH STREET NORTH
SEMINOLE FL 33773
US

Mailing Address

10846-97TH STREET NORTH
SEMINOLE FL 34643

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

59-3123706

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required \$8.75

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, GERALD J.
10846-97TH STREET NORTH
SEMINOLE FL 33773

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.

SIGNATURE

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, 2002 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: DSPM
NAME: SOUTH, DAVID M
STREET ADDRESS: 2312 CALUMET AVE SE
CITY-ST-ZIP: DECATUR AL 35601

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: BOWMAN, GRAHAM K
STREET ADDRESS: 210 MEADOW CROSS RD
CITY-ST-ZIP: SAFETY HARBOR FL 34695

TITLE:
NAME:
STREET ADDRESS: 18830 Maisons Drive
CITY-ST-ZIP: Lutz, FL 33558

TITLE: PS
NAME: BOWMAN, GERALD J
STREET ADDRESS: 10846 97TH ST NO.
CITY-ST-ZIP: LARGO FL 33773

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VT
NAME: BOWMAN, PAMELA J
STREET ADDRESS: 10846 97TH ST NO.
CITY-ST-ZIP: LARGO FL 33773

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: SOUTH, JANET W.
STREET ADDRESS: 2312 CALUMET AVE SE
CITY-ST-ZIP: DECATUR AL 35601

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: LAY-BOWMAN, WAI S
STREET ADDRESS: 210 MEADOW CROSS DR
CITY-ST-ZIP: SAFETY HARBOR FL 34695

TITLE:
NAME: Wai Sian Bowman
STREET ADDRESS: 18830 Maisons Drive
CITY-ST-ZIP: Lutz, FL 33558

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 727-398-4004
Date Daytime Phone #

CR2E094 (9/01)