

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50576

1. Entity Name

BOWEN ENTERPRISES, INCORPORATED

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90009 030 ***150.00

Principal Place of Business

Mailing Address

6699 SAN CASA DRIVE
APT. #L-6
ENGLEWOOD FL 34224
US

6699 SAN CASA DRIVE
APT. #L-6
ENGLEWOOD FL 34224-6802
US

2. Principal Place of Business

3. Mailing Address

1031 Humboldt St.

1031 Humboldt St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

4. FEI Number

66-0385637

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

BOWEN, JOHN R
6699 SAN CASA DR
APT L-6
ENGLEWOOD FL 34224

Name

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

1031 Humboldt Street

City

Englewood

FL

Zip Code

34224

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

John R. Bowen, John R. Bowen, Pres. 4-6-00

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, 2000 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 P ☐ Delete
NAME BOWEN, JOHN R
STREET ADDRESS ~~6699 SAN CASA DRIVE, APT. L-6~~
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1031 Humboldt Street
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BOWEN, JOHN R
STREET ADDRESS ~~6699 SAN CASA DR APT L-6~~
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1031 Humboldt Street
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BOWEN, SANDY K
STREET ADDRESS ~~6699 SAN CASA DRIVE, APT. L-6~~
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1031 Humboldt Street
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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:

Sandy K. Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sect. 4/7/00 (941) 474-9306
Treasurer

Date

Daytime Phone #

CR2E034 (9/99)