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## 2002 UNIFORM BUSINESS REPORT (UBR) V50576 DOCUMENT # 1. Entity Name BOWEN ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 1031 HUMBOLDT ST 1031 HUMBOLDT ST ENGLEWOOD FL 34224 ENGLEWOOD FL 34224

## FILED Jul 21, 2002 8:00 am Secretary of State 07-21-2002 90013 005 \*\*\*155.00

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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		. FEI Number <b>66-0385637</b>	Applied For Not Applicate		]
Zip	Country	Zip	Count	ry . 5.	. Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of C	urrent Registered Agent		7: المعلقة بيان سيها مراسية	Name and Address of New Registered	Agent		† ¹
				Name				7
BOWEN,	JOHN R							1
	MBOLDT ST		Street Address (I		(P.O. Box Number is Not Acceptable)			
	OOD FL 34224		ŀ		· »			1
LINGLETT	JOD FE 34224							
				City	FL	Zip Cod	le	1
8. The above	named entity submits this stater	nent for the nurnose of changing it	e registere	d office or registered s	agent, or both, in the State of Florida. I am	-	and account	-
the obligat	ions of registered agent.	rient for the purpose of changing it	a registere	d office of registered a	agent, or both, in the state of Florida. Tam	aminar wim,	and accept	
"SIGNATURE .	Pi							
	Signature, typed or printed name of registere	ed agent and title if applicable. (NO	TE: Registered	Agent signature required when	n reinstating) DATE			
9. This corpo	oration is eligible to satisfy its Inta	angible FILE NOW	!!! FEE	IS \$550.00	10 Flooting Compains Financian	<b>A</b> = 4		
Tax filing requirement and elects to do so.			After September 13, 2002 Fee will be \$750.		10. Election Campaign Financing Trust Fund Contribution.	<b>√ \$5.0</b> Zi Added	0 May Be	
(See criter	ria on back)	☐ Make Check Paya	ble to De	partment of State	Trastrana contributori.	J. Addec	a to rees	
11.	OFFICERS	S AND DIRECTORS	12.	A	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	1
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	18
NAME	BOWEN, JOHN R						_	4
STREET ADDRESS	1031 HUMBOLDT ST		STREE	T ADDRESS				8
CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-	ST-ZIP				ļμ
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CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-	ST-ZIP				
TITLE	ST	☐ Delete	TITLE			☐ Change	Addition	1.
NAME	BOWEN, SANDY K					- 0.00.99	7000000	
STREET ADDRESS	1031 HUMBOLDT ST		STREE	T ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-	ST-ZIP				
TITLE	******	☐ Delete	TITLE		***************************************	Change	Addition	1
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TITLE		☐ Delete	TITLE			Change	☐ Addition	ł
NAME		€ Delete	NAME			□ Change	☐ VOOMOU	
STREET ADDRESS				T ADDRESS				

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 expect 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 an other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNAT

7-14-02 941-473-2171

Florida Dept. of State Division of Corporations 7-14-02 Attachment Document # V50576 Bil30991

Sir/Madam;

Bowen Enterprises respectfully requests that you waive the late fee of \$400.

All we can say in our defense is that we don't remember receiving a first notice that the report was due.

Please ensure that we are put on a notification schedule that sends the UBR form to us in January.

Sorry for the trouble.

Respectfully

John Bowen

Bowen Enterprises 1031 Humboldt St. Englewood, Fl. 34224