

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90187 002 ***150.00

0473538 AN

DOCUMENT # V54208

1. Entity Name
ROWE INVESTIGATION CO.



Principal Place of Business
**P O BOX 16341
TAMPA FL 33687**

Mailing Address
**P O BOX 16341
TAMPA FL 33687**

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 **59-3136664**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, RALPH
8614 HIBISCUS DRIVE B
TAMPA FL 33637**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 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	D	<input type="checkbox"/> Delete
NAME	ROWE, RALPH	
STREET ADDRESS	PO, BOX 16341 N/A	
CITY-ST-ZIP	TAMPA FL 33687	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROWE, PATRICIA A	
STREET ADDRESS	PO BOX 16341 N/A	
CITY-ST-ZIP	TAMPA FL 33687	
TITLE	PTM	<input type="checkbox"/> Delete
NAME	ROWE, RALPH	
STREET ADDRESS	PO BOX 16341 N/A	
CITY-ST-ZIP	TAMPA FL 33687	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ralph W. Rowe* **REQUIRED** **RALPH W. ROWE** **5-29-03** **813 9885539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)