

2001 UNIFORM BUSINESS REPORT (UBR)

0025415 AF

DOCUMENT # L99000008263

1. Entity Name

OWENS FISHING & MARINE, L.C.

FILED

01 JAN 17 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

55 SUNRISE LANE
EUSTIS FL 32726

Mailing Address

55 SUNRISE LANE
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

935 No Bay ST

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

Zip

Zip

32726

Country

LAKE

Country

4. FEI Number

59-3610199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

OWENS, RICK L
55 SUNRISE LANE
EUSTIS FL 32726

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OWENS, RICK L
55 SUNRISE LANE
EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003575021-4
-01/25/01-01080-035
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OWENS, R. LANCE
55 SUNRISE LANE
EUSTIS FL 32726 ☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Rick Owens* SIGNATURE REQUIRED Rick Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-01 (352) 357-2628

CR2E083 (11/00)