

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096061

1. Entity Name

C. A. OWENS & ASSOCIATES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 044 ***150.00

700100



DO NOT WRITE IN THIS SPACE

Principal Place of Business

609 S E 1ST AVENUE

UNIT B

GAINESVILLE FL 32601

Mailing Address

609 S E 1ST AVENUE

UNIT B

GAINESVILLE FL 32601

2. Principal Place of Business

4605 NW 6th Str. Suite G

3. Mailing Address

4605 NW 6th Str. Suite G

Suite, Apt. #, etc.

GAINESVILLE, FLORIDA

Suite, Apt. #, etc.

GAINESVILLE FLORIDA

City & State

City & State

4. FEI Number

59-3677369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32609

Country

USA

Zip

32609

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASER, MARK J
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601

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

Clyde A. Owens

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OWENS, CLYDE A
609 S E 1ST AVENUE, UNIT B
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Clyde A. Owens

CLYDE A. OWENS

5-1-2001

352-367-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)