

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

DOCUMENT # P99000025150

1. Entity Name

OWENS CONTRACTING SERVICES, INC.



**FILED**

03 OCT 31 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9221 LARETTE DR.

3. Mailing Address  
9221 LARETTE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

4. FEI Number  
59-3565694

Applied For  
 Not Applicable

Zip  
32867

Country  
US

Zip  
32867

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JASON OWENS

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

9221 LARETTE DR.

City  
ORLANDO

FL

Zip Code  
32867

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

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

(NOTE: Registered Agent signature required when reinstating)

10/30/03

DATE

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
(D)	JASON OWENS	9221 LARETTE DR.	ORLANDO, FL 32867
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
		500024577325	11/12/03--01002--007 \$450.00
<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

DATE

DAYTIME PHONE #

CR2E034B (12/02)

*JK*



OWENS CONTRACTING SERVICES INC.

P.O. BOX 678666 ORLANDO, FL. 32867  
PHONE 407 671-4827 FAX 407 568-1504  
CBC 059436

October 29, 2003

**RE: Uniform business report**

This is a letter to inform you that I did not receive the uniform business papers that were to be filed. In result my corporation has been made inactive. Approximately the time this had taken place I had went through a separation and believe that the mail as with other items had been either misplaced or misdirected. Any questions feel free to call Jason Owens at 407-671-4827.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Owens', written in a cursive style.

Jason Evan Owens  
President, O.C.S. Inc.