

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90142 022 ***150.00

0472824

DOCUMENT # 242713

1. Entity Name

C.W. OWENS PEST CONTROL INC

Principal Place of Business

**6520 WOODLAND DR
KEYSTONE HEIGHTS FL 32656**

Mailing Address

**6520 WOODLAND DR
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-0912505**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS C W
6520 WOODLAND DR
KEYSTONE HEIGHTS FL 32656**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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 **P OWENS, C.W.** ☐ Delete
STREET ADDRESS **6520 WOODLAND DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **ST OWENS, FRANCES B.** ☐ Delete
STREET ADDRESS **6520 WOODLAND DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

C.W. OWENS

Date

Daytime Phone #

CR2E034 (10/00)