

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90193 017 \*\*\*150.00

80128284



DO NOT WRITE IN THIS SPACE

**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.

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. I am familiar with, and accept the obligations of registered agent.

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 ~~\$550.00~~ 150.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **OWENS, C.W.**  
 STREET ADDRESS **6520 WOODLAND DR**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

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

TITLE **ST** ☐ Delete  
 NAME **OWENS, FRANCES B.**  
 STREET ADDRESS **6520 WOODLAND DR**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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)(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: **SKY WOU REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-02 352-473-3206**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
B0128284



# C. W. Owens Pest Control

Attachment

July 8, 2002

#242713

To Whom It May Concern:

This is to inform you that this is the first notice we have received for payment of UBR fees. I assure you payment is made as soon as possible after receiving notice. Therefore we are sending a check for \$150.00 with this letter and the completed report.

Sincerely,

A handwritten signature in cursive script that reads "Frances B. Owens".

Frances B. Owens