## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 313179** 1. Entity Name OWEN JOIST OF FLORIDA, INC Principal Place of Business Mailing Address COUNTY ROAD, C-100A POST OFFICE BOX 1046 DALLAS TE 75221 STARKE FL 32091 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1160629 Country Zip Country Ζip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

**FILED** Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90005 036 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

Not Applicable

|  |  |   | <del></del>                                     |
|--|--|---|---|
|  | City   | FL  | Zip Code  |
| 8. The above named entity submits this statement for the purpose of changing in  | its registered office or registered ag   | gent, or both, in the State of Florida.   |   |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  | OTE: Registered Agent signature required when r                                  | reinstating) DATE   |   |
| Tax filing requirement and elects to do so. After MAY 1, 2   | VIII FEE IS \$150.00<br>2000 Fee will be \$550.00<br>able to Department of State | 10. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees                  |
| 11. OFFICERS AND DIRECTORS   | <b>12.</b> Al  | ODITIONS/CHANGES TO OFFICERS AND D  |   |
| TITLE PD Delete  SELIG, MARVIN  STREET ADDRESS CITY-ST-ZIP  SEGUIN TX 78155  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | Change Addition                                 |
| TITLE VPD Delete  NAME RABIN, STANLEY A  STREET ADDRESS 7800 STEMMONS FWY., TENTH FL.  DALLAS TX 75247   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Change ☐ Addition                             |
| TITLE TO Delete  NAME ENGELS, LAWRENCE A  STREET ADDRESS CITY-ST-ZIP  DALLAS TX 75247  | STREET ADDRESS 7800 ST   | C'LOUIS   | Change Addition                                 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP DALLAS TX 75247  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | Change Addition                                 |
| TITLE NAME DANIEL, JIM STREET ADDRESS CITY-ST-ZIP COLUMBIA SC 29201  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Change ☐ Addition                             |
| TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | Change Addition                                 |
| 13. I hereby certify that the information supplied with this filling does not qualify<br>indicated on this report or supplemental report is true and accurate and that | for the exemption stated in Section<br>it my signature shall have the same       | 119.07(3)(i), Florida Statutes. I further certif<br>legal effect as if made under oath; that I an | y that the information n 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

SIGNATURE:

REDavid M.E.Sudbury Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

214/689-4300

Daytime Phone #