

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90342 020 ***150.00

05-69208

DOCUMENT # 313179

1. Entity Name

OWEN JOIST OF FLORIDA, INC

Principal Place of Business

Mailing Address

COUNTY ROAD, C-100A
STARKE FL 32091

POST OFFICE BOX 1046
DALLAS TE 75221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1160629**

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
1201 NAYS STREET

City **TALLAHASSEE**

FL

Zip Code
32301

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

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

Lynette Coleman
as its agent

3/30/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete
NAME **SELIG, MARVIN**
STREET ADDRESS **BILL DWYER ROAD**
CITY-ST-ZIP **SEGUIN TX 78155**

TITLE **PD** ☒ Change ☐ Addition
NAME **Selig, Marvin**
STREET ADDRESS **Steel Mill Road**
CITY-ST-ZIP **Seguin, TX 78155**

TITLE **VPD** ☐ Delete
NAME **RABIN, STANLEY A**
STREET ADDRESS **7800 STEMMONS FWY., TENTH FL**
CITY-ST-ZIP **DALLAS TX 75247**

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

TITLE **T** ☐ Delete
NAME **FEDERLE, LOUIS**
STREET ADDRESS **7800 STEMMONS FWY, TENTH FL**
CITY-ST-ZIP **DALLAS TX 75247**

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

TITLE **S** ☐ Delete
NAME **SUDBURY, DAVID M**
STREET ADDRESS **7800 STEMMONS FWY, TENTH FL**
CITY-ST-ZIP **DALLAS TX 75247**

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

TITLE **AS** ☒ Delete
NAME **DANIEL, JIM**
STREET ADDRESS **801 BLOSSOM STREET**
CITY-ST-ZIP **COLUMBIA SC 29201**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David M. Sudbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Sudbury, Secretary

3-23-01

Date

214/689-4300
Daytime Phone #

CR2E034 (10/00)