## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 313179  1. Éntity Name  OWEN JOIST OF FLORIDA, INC							Secretary of State 01-24-2002 90363 013 ***150.00				
Principal Plac COUNTY'ROA STARKE FL 3	AD. C-100A	ss .	Mailing Address  POST OFFICE BOX 1046  DALLAS TE 75221  US				# 1 <b>881181</b> #138# 13 <b>86</b> 2118# 11 <b>8</b> 11				
2. Principal F	Place of Busi	ness	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State			4.	FEI Number <b>59-11606</b> 2	9		pplied For	
Zip Country			Zip	try	5. (	Certificate of Status Desired		\$8.75 Ad	Iditional		
6. Name and Address of Current F			legistered Agent			7. 1	7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name Street Address	(P.O. E	Box Number is Not Acceptab	ele)				
					City			FL	Zip Coo	ie	
SIGNATURE .  9. This corportant filing	Signature, typed	or printed name of registered agent a gible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20	E: Registere	d Agent signature requir  IS \$150.00  will be \$550.00	ed when re		DATE		00 May Be	
	ma on back)		Make Check Paya		epartment of St		DITIONS (OLIMNICES TO OF	EICEDO AND	DIDECTOR	C IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIG, M STEEL MI SEGUIN	ILL ROAD	Delete Delete			AD	DITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RABIN, S	TANLEY A MMONS FWY., TENTH	□ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEDERLE	, LOUIS MMONS FWY, TENTH F	□ Delete .	•	i				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUDBURY 7800 STE DALLAS 1	, , DAVID M MMONS FWY, TENTH F IX 75247	□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cibric Birchia Bi		☐ Delete						☐ Change	☐ Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
indicated of the cor	on this reporporation or the contract of the c	rt or supplemental report is ne receiver or trustee empo achment with an address,	this filing does not qualify for true and accurate and that reversed to execute this report which ther like empowered Davidin	my signat as requir	ure shall have the red by Chapter 60 dbury, Sec	e same I 07, Florid	egal effect as if made under da Statutes; and that my nar	oath; that I a ne appears in 214-	m an officei	r or director ir Block 12 if	