

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442952

1. Entity Name  
A.G. OWENS PAINTING INC.

Principal Place of Business  
GULF BLVD. PALM ISLAND  
P.O. BOX 5226  
GROVE CITY FL 34224

Mailing Address  
GULF BLVD. PALM ISLAND  
P.O. BOX 5226  
GROVE CITY FL 34224

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90014 004 \*\*\*150.00

716198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1030 Morningside Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1030 Morningside Dr  
Suite, Apt. #, etc.

City & State  
Englewood FL  
Zip 34223 Country USA

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Englewood FL  
Zip 34223 Country USA

4. FEI Number 59-1498441  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

OWENS, JAMES D.  
3938 S SHADE AVE  
SARASOTA FL 34231

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1030 Morningside Drive  
City Englewood FL Zip Code 34223

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	OWENS, JAMES D	
STREET ADDRESS	3938 S SHADE AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, JAMES, D	
STREET ADDRESS	3938 S SHADE AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OWENS, BRIAN	
STREET ADDRESS	3938 S. SHADE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1030 Morningside Dr	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan L. Owens	
STREET ADDRESS	1030 Morningside Drive	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Susan L. Owens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/1/01 Daytime Phone # 941-473-5531

CR2E034 (10/00)