

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90175 039 ***150.00

DOCUMENT # 453981

1. Entity Name

JACK B. OWEN, M.D., P.A.



NEW PHYSICAL ADDRESS, MAILING SAME

Principal Place of Business

1111 W DIXIE

P. O. BOX 490026 (34749-0026)

LEESBURG FL 34749-7026

Mailing Address

PO BOX 490026

LEESBURG FL 34749-0026

US

2. Principal Place of Business

3261 HWY 441/27 - STE B-1

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND PARK, FL 34731

City & State

FL 34731

Zip

Country

Zip

Country

4. FEI Number

59-1553162

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75-Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWEN, CHARLENE

1111 W DIXIE AVENUE AS ABOVE

LEESBURG FL 34748

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **OWEN, JACK B**
STREET ADDRESS **1111 WEST DIXIE**
CITY-ST-ZIP **LEESBURG FL**

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

TITLE **S** ☐ Delete
NAME **OWEN, CHARLENE M.**
STREET ADDRESS **1111 W DIXIE AVE**
CITY-ST-ZIP **LEESBURG FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene Owen

REQUIRE

CHARLENE OWEN

2-12-03

352-787-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)