

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612902

1. Entity Name

DAVID H. OWEN, D.D.S.,P.A.

Principal Place of Business

125 W CENTER AVE
SEBRING FL 33870
US

Mailing Address

125 W CENTER AVE
SEBRING FL 33870
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

59-1889971

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

OWEN, DAVID H
125 WEST CENTER AVENUE
SEBRING FL 33870

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.

SIGNATURE

David H. Owen

DAVID H. OWEN - Pres

7-17-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	OWEN, DAVID H	
STREET ADDRESS	125 WEST CENTER AVENUE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, RONALD L	
STREET ADDRESS	106 E MAIN STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600004548216--7	
CITY-ST-ZIP	-08/22/01--01019--013	
	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

David H. Owen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01

Date

863-3829090

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 17 AM 9:43



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)



David H. Owen, D.D.S.

125 W. Center Ave.
Sebring, FL 33870
(941) 382-9090
Fax (941) 385-5955

August 14, 2001

Mr. Jay Kasseess, Director
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Mr. Kasseess;

The enclosed UBR form is the first notice I received this year regarding registration of my Corporation. I contacted my State Representative Joe Spratt to find out why the increase was up to \$550.00 and I was told to write this letter indicating it was my first notice.

Also, enclosed is a check for \$150.00 for the normal registration fee.

Thank you for your cooperation.

David H. Owen, D.D.S.; P.A.

Encl.