

2002 UNIFORM BUSINESS REPORT (UBR)

0007651 AT

DOCUMENT # **A14584**

1. Entity Name
R.E. OWEN & ASSOCIATES, LIMITED PARTNERSHIP

FILED

02 JAN 11 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJN

Principal Place of Business
**1024 NANCY CIRCLE
WINTER SPRINGS FL 32708**

Mailing Address
**1024 NANCY CIRCLE
WINTER SPRINGS FL 32708**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2182575		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**OWEN, ROGER E.
1024 NANCY CIRCLE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$460,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	OWEN, ROGER E. 1024 NANCY CIRCLE WINTER SPRINGS FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	200004782822--1
		CITY-ST-ZIP	-01/18/02--01003--021
			*****526.25 *****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **ROGER E. OWEN** 1/9/02 971-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)