## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F98406** 1. Entity Name

OWENS, RICHARD H.

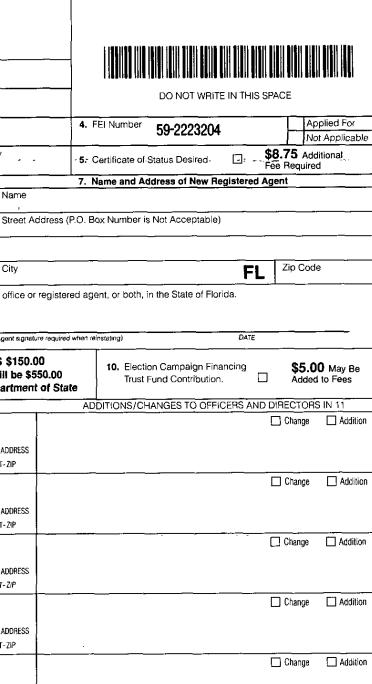
13901 LYNMAR BLVD TAMPA FL 33626

ESCO MANUFACTURING, INC. Mailing Address Principal Place of Business 13901 LYNMAR BLVD 13501 LYNMAR BLVD TÁMPA FL 33626-3124 TAMPA FL 33626-3124 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip Zip

6. Name and Address of Current Registered Agent

## **FILED** Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90126 029 \*\*\*150.00



City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) PTS TITLE ☐ Delete TITLE OWENS, RICHARD H. NAME STREET ADDRESS 13901 LYNMAR BLVD STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE CAPITOSTI, SHELIA J NAME NAME STREET ADDRESS STREET ADDRESS 13901 LYNMAR BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

TITLE

NAME

Name

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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Addition

☐ Change