05-29-2001 90010 004 ***550.00
H32616

FILED
01 AUG -7 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32616

1. Entity Name:
S. E. OWENS, INC.

Principal Place of Business
8957 HOGAN ROAD
JACKSONVILLE FL 32216

Mailing Address
8957 HOGAN ROAD
JACKSONVILLE FL 32216

2. Principal Place of Business	3. Mailing Address
8957 HOGAN ROAD	8957 HOGAN ROAD
Suite, Apt. #, etc.: NONE	Suite, Apt. #, etc.: NONE
City & State / Zip / Country: JACKSONVILLE, FLA. 32216 DUVAL	City & State / Zip / Country: JACKSONVILLE, FLA. 32216 DUVAL

4. FEI Number 59-2448960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

S.E. OWENS
8957 HOGAN ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name NONE
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 ______ 1/23/01
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OWENS, S.E. 8957 HOGAN ROAD JACKSONVILLE FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OWENS, JOAN C. 8957 HOGAN ROAD JACKSONVILLE FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Samuel E. Owens S. E. OWENS 1/23/01 904(641-5387)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #