

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0286955

DOCUMENT # K68955

03-09-2001 90003 006 ***150.00

1. Entity Name

OWNER BUILDER, INC.

Principal Place of Business

11107 MONET LN
 PALM BCH GDNS FL 33410
 US

Mailing Address

404 KELSEY PARK DR.
 PALM BEACH GARDENS FL 33410
 US

928440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0101022**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAT, DOSDOURIAN
11107 MONET LN
PALM BCH GDNS FL 33410

7. Name and Address of New Registered Agent

Name: **PAT DOSDOURIAN**
 Street Address (P.O. Box Number is Not Acceptable): **404 KELSEY PK. DR.**
PALM BEACH GDNS, FL 33410
 City: **FL** Zip Code: **33410**

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. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	DOSDOURIAN, SAM	
STREET ADDRESS	11107 MONET LN	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOSDOURIAN, PAT	
STREET ADDRESS	11107 MONET LN	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 KINGS PL. WAY	
STREET ADDRESS	APT 1518	
CITY-ST-ZIP	MIAMI, FL 33160	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSDOURIAN, PAT	
STREET ADDRESS	404 KELSEY PK. DR.	
CITY-ST-ZIP	PALM BEACH GDNS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Pat Doudourian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 561-626-2761

Date Daytime Phone #

CR2E034 (10/00)