

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90144 016 \*\*\*150.00

**DOCUMENT # K76687**

1. Entity Name  
**OWEN TITLE COMPANY, INC.**



Principal Place of Business  
**2852 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308  
US**

Mailing Address  
**2852 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32312**

2. Principal Place of Business  
**2865 Remington Green  
Circle**

3. Mailing Address  
**2865 Remington Green  
Circle**

City & State  
**Tallahassee FL**  
Zip  
**32308**  
Country  
**Leon**

City & State  
**Tallahassee FL**  
Zip  
**32308**  
Country  
**Leon**

4. FEI Number  
**59-2940757**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OWEN BRILEY, CINDI  
2852 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**

Name  
**Cindi Owen Briley**  
Street Address (P.O. Box Number is Not Acceptable)  
**2865 Remington Green Circle**  
City  
**Tallahassee** FL Zip Code  
**32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cindi Owen Briley** **Cindi Owen Briley** **2/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRILEY, CINDI OWEN 2852 REMINGTON GREEN CIR TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CINDI OWEN BRILEY 2865 Remington Green Circle Tallahassee FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE Cindi Owen Briley** **2/28/03** **850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Cindi Owen Briley** **422 2800**  
Daytime Phone #

CR2E034 (10/02)