

# 2001 UNIFORM BUSINESS REPORT (UI)

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90004 050 \*\*\*150.00

019656 AT

**DOCUMENT # P00000022308**

1. Entity Name

**THE LAW OFFICES OF KARLA S. OWENS, P.A.**

Principal Place of Business

**37837 MERIDIAN AVE. SUITE 206  
 DADE CITY FL 33525**

Mailing Address

**37837 MERIDIAN AVE. SUITE 206  
 DADE CITY FL 33525**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**38108 Meridian Avenue**

3. Mailing Address

**38108 Meridian Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dade City FL 33525**

City & State

**Dade City FL 33525**

4. FEI Number

**59-3633763**

Applied For

Not Applicable

Zip

Country

**Pasco**

Zip

Country

**Pasco**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, KARLA S**

**37837 MERIDIAN AVE, SUITE 206  
 DADE CITY FL 33525**

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**38108 Meridian Avenue**

City

**Dade City**

FL

Zip Code  
**33525**

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)

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

☐ Delete

TITLE

**D  
 OWENS, KARLA S**

NAME

STREET ADDRESS

**37837 MERIDIAN AVE, SUITE 206  
 DADE CITY FL 33525**

CITY-ST-ZIP

TITLE

**D  
 OWENS, RICKEY W SR**

NAME

STREET ADDRESS

**16520 BELLAMY BROTHERS BLVD  
 DADE CITY FL 33523**

CITY-ST-ZIP

TITLE

**D  
 OWENS, RICKEY W SR**

NAME

STREET ADDRESS

**16520 BELLAMY BROTHERS BLVD  
 DADE CITY FL 33523**

CITY-ST-ZIP

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NAME

STREET ADDRESS

**16520 BELLAMY BROTHERS BLVD  
 DADE CITY FL 33523**

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE

**Karla S. Owens**

NAME

STREET ADDRESS

**38108 Meridian Avenue  
 Dade City FL 33525**

CITY-ST-ZIP

TITLE

**Karla S. Owens**

NAME

STREET ADDRESS

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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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CRE034 (5/01)

Attachment Doc# P000000022308

A0080401

**KARLA S. OWENS, P.A.**

38108 Meridian Avenue  
Dade City, Florida 33525  
Phone: (352) 567-9011 Fax: (352) 567-9015  
Email: O459@cs.com

July 13, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Law Offices of Karla S. Owens, P.A.  
FEI# 59-3633763  
Document # P00000022308

Dear Sir/Madam:

Please be advised that the above-referenced document was recently received in this office on July 9, 2001. According to my phone conversation with a representative in your office, this is the 2<sup>nd</sup> request for a 2001 Uniform Business Report for my corporation. I did not receive the 1<sup>st</sup> request sent to my office in January 2001, quite possibly because I moved prior to that time and the mail was not forwarded to my new office location. Accordingly, please accept this letter as official notification of my **address change to: Law Offices of Karla S. Owens, P.A., 38108 Meridian Avenue, Dade City, Florida, 33525.**

Attached hereto is a completed 2001 Uniform Business Report for my corporation together with a check in the amount of \$150 for the filing fee for same.

If you require any additional information, please feel free to call me.

Sincerely yours,



Karla S. Owens, Esquire

KSO:tb

Attachments