

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90071 016 \*\*\*150.00

**DOCUMENT # P00000043970**

1. Entity Name

**OWEN FINANCIAL SERVICES, INC.**

Principal Place of Business

**2423 VALRICO FORREST DRIVE  
 VALRICO FL 33594**

Mailing Address

**2423 VALRICO FORREST DRIVE  
 VALRICO FL 33594**

2. Principal Place of Business

**3208 Fox Squirrel Ln.**

3. Mailing Address

**3208 Fox Squirrel Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Valrico FL**

City & State

**Valrico FL**

4. FEI Number

**59-3643627**

Applied For

Not Applicable

Zip

**33594**

Country

**US**

Zip

**33594**

Country

**US**

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

**OWEN, MICHAEL J  
 2423 VALRICO FORREST DRIVE  
 VALRICO FL 33594**

Name

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**1-8-01**

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	<b>D OWEN, MICHAEL J 2423 VALRICO FORREST DRIVE VALRICO FL 33594</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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-01 (813)6532644**

Date

Daytime Phone #