

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90017 047 \*\*\*158.75

**DOCUMENT # P01000045349**

1. Entity Name

**BARRINGTON OWENS, M.D., P.A.**

Principal Place of Business

**11770 ST. ANDREWS PLACE, #301  
WELLINGTON FL 33414**

Mailing Address

**11770 ST. ANDREWS PLACE, #301  
WELLINGTON FL 33414**

2. Principal Place of Business

**941 S.E. 1st Street**

3. Mailing Address

**941 S.E. 1st Street,**

Suite, Apt. #, etc.

**SUITE A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**BELLE GLADE, FL**

City & State

**BELLE GLADE, FL**

Zip

**33430**

Country

**U.S.A.**

Zip

**33430**

Country

**USA**

4. FEI Number

**59-3716714**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OWENS, BARRINGTON**

**11770 ST. ANDREWS PLACE, #301**

**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

**BARRINGTON OWENS**

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

**941 SE 1st STREET**

**SUITE A**

City

**BELLE GLADE**

FL

Zip Code

**33430**

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

*Barrington Owens*

*BARRINGTON OWENS (President)*

*03/27/02*

Signature, type 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, 2002 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	OWENS, BARRINGTON	
STREET ADDRESS	5000 SAN JOSE BLVD., #232	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, BARRINGTON	
STREET ADDRESS	941 S.E. 1st Street, SUITE A	Address
CITY-ST-ZIP	BELLE GLADE, FL 33430	
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		
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:

*Barrington Owens*

*BARRINGTON OWENS*

Date

Daytime Phone #

*3/27/02 1561996 2064*

CR2E034 (9/01)