

PD1000046735

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(Business Entity Name)

(Document Number)

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*NO change  
T. Lewis*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -5 AM 11:07

FILED

11/10/05--01015--015 \*\*\*35.00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clay Owens Carpentry, Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000046735

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelly Owens  
(Name of Contact Person)

Clay Owens Carpentry, Incorporated  
(Firm/Company)

536 Peachtree St  
(Address)

Cocoa, FL 32922  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelly Owens at ( 321 ) 632-5201  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 16, 2005

SHELLY OWENS  
CLAY OWENS CARPENTRY, INC.  
536 PEACHTREE ST.  
COCOA, FL 32922

SUBJECT: CLAY OWENS CARPENTRY, INC.  
Ref. Number: P01000046735

We have received your document for CLAY OWENS CARPENTRY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 605A00067931

RECEIVED  
05 DEC -5 AM 8:00  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Clay Owens Carpentry, Incorporated
2. The principal office address: 536 Peachtree St  
Cocoa, FL 32922
3. The mailing address (if different): PO Box 236995  
Cocoa, FL 32923-6995
4. Date of incorporation/qualification: May 1, 2001 Document number: P01000046735
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Clay Owens Carpentry, Incorporated *Clayton S Owens*  
6780 Benson Ave  
Cocoa, FL 32927

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Clay Owens Carpentry, Incorporated *Clayton S Owens*  
536 Peachtree St  
(P.O. Box NOT acceptable)  
Cocoa, FL 32922

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Shelly Owens*  
(Signature of an officer or director)

Shelly Owens  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*Shelly Owens*  
(Signature of Registered Agent)

11/04/05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)