

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90331 039 \*\*\*150.00

DOCUMENT # P01000058257

1. Entity Name

OWINS ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

**420211**

2. Principal Place of Business

3286 Safe Harbor Lane

Suite, Apt. #, etc.

3. Mailing Address

3286 Safe Harbor Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Mary, FL

Zip

32746

Country

USA

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. FEI Number

59- 3736104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

James A. Mowinski

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

3286 Safe Harbor Lane

City

Lake Mary

FL

Zip Code

32746

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

James A. Mowinski

Feb. 21, 2002

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/S/T James A. Mowinski  
3286 Safe Harbor Lane  
Lake Mary, FL 32746

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 2002

Date

(407) 865-4103

Daytime Phone #