

P02000055432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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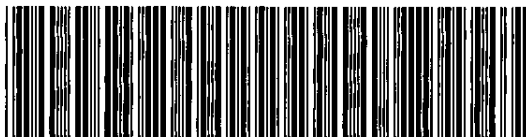
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Owens and Owens, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000055432

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA A. DUBE  
(Name of Person)

Owens and Owens, Inc.  
(Name of Corporation)

901 W. WARREN AVE., STE. 1001  
(Address)

LONGWOOD, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBRA at (407) 301 2541  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

Pursuant to the provisions of sections 607.0502 (2), 617.0502 (2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DEBRA A. DUBE

Name of Registered Agent

Hereby resigns as Registered Agent for Owens and Owens, Inc.

Name of Corporation

P02000055432

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this  
Statement is filed

Debra A. Dube 1-6-09

(Signature of Resigning Agent) Date

If signing on behalf of an entity:

Debra A. Dube

Type or Printed Name

Capacity

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