## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

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FILED DOCUMENT # P92000003594 1. Entity Name 02 OCT 25 PM 3: 47 Owens Research, Inc. SLORE TARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 240 Hammond Blvd 240 Hammond Blvd Suite, Apt. #, etc. Stilte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Jacksonville, FL 59-3152056 Jacksonville, FL Not Applicable Zip 32254 Country Country US 322**54** \$8.75 Additional 5. Certificate of Status Desired US 7. Name and Address of Current Registered Agent Richard Aboud DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 9124 Cypress Green Drive Jacksonville 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. 10/28/02 SIGNATURE Signature, typed or painted name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when relessating) January 1 - May 1- Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Efection Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President TITLE 100008667891 NAME Carl H. Owens, Sr. NAME STREET ADDRESS 5901 Innisbrook Ct. STREET ADDRESS 29/02-01081-002 \$550 C CITY-ST-ZIP Jacksonville, FL 32222 CITY ST ZIP TITLE State of TITLE Vice President NAME Carla O. Warlow NAME . STREET ADDRESS 306 E. Harwood St. Orlando, FL 32801 STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE Vice President TILE - A - 1 - 1 - 1 - 1 Carl-H. Owens, Jr. NAME THE MAME 10901 Burntmill Rd # 2308 STREET ADDRESS DO NOT WRITE CITY-ST-7IP Jacksonville, FL 32256 CITY-ST-ZIP TITLE TITLE 💥 🖟 🖫 IN THIS SPACE MARAE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP TIFLE TITLE SOLES ST NAME STREET ADDRESS STREET ACCORDESS CITY-ST-ZIP CITY-S1-7/P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST. ZIP ₹ 34 13. Thereby 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 of the poetropy of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

Carl H. Owens, Sr.

10/28/02

Date

904-448-1355

Daytime Phone #

FLORIDA OFFICE 240 Hammond Blvd Jacksonville, FL 32254 904-448-1355 • 904-448-0511 fax



TEXAS OFFICE 1137 Conveyor Lane, #118 Dallas, TX 75247 214-688-1133 • 214-637-2243 fax

October 28, 2002

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Attn.: Kathy Ashton

RE: P92000003594

Dear Ms - Ashton:

First of all I want to thank you for the help you gave me today. This has been a most frustrating ordeal.

On the following pages you will find another Uniform Business Report Document No. P2000003594 for the current period, along with our check no. 32106 in the amount of \$558.75. This amount includes payment for certification of status.

Since the original form and payment was mailed to you on a timely basis, but missing a signature. (Received back in our office on 09-27-02 and resent on 10-07-02) I am respectfully requesting that you rescind any late fees.

In the event you locate our previous report with our check no. 31885 in the amount of \$550.00 please return to us or simply issue a refund.

Thank you in advance for your cooperation.

Respectfully,

Wanda C. Johnson Account Manager

Enc: two Cc: file