

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90211 050 ***150.00

DOCUMENT # P92000006737

1. Entity Name
OWEN INTERIORS, INC.

Principal Place of Business
**1110 NE PINE ISLAND RD
 SUITE 24
 CAPE CORAL FL 33909**

Mailing Address
**9580 SHADOW OAK LANE
 N FT. MYERS FL 33917**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

19150 GOTTARDE ROAD

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

Zip

33917

Country

4. FEI Number **65-0378604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OWEN, SHERRI
 9580 SHADOW OAK LANE
 N. FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name

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

19150 GOTTARDE ROAD

N. FT. MYERS

City

FL

Zip Code

33917

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **OWEN, KEVIN**
 STREET ADDRESS **9580 SHADOW OAK LANE**
 CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **VSTD** ☐ Delete
 NAME **OWEN, SHERRI**
 STREET ADDRESS **9580 SHADOW OAK LANE**
 CITY-ST-ZIP **N. FT. MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **19150 GOTTARDE ROAD**
 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

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 STREET ADDRESS **19150 GOTTARDE ROAD**
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TITLE ☐ Change ☐ 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: *Sherril Owen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 *941 458 3510*
 Date Daytime Phone #

CR2E034 (10/00)