

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008626

1. Entity Name

OWENS ONLINE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90033 043 ***150.00

Principal Place of Business

Mailing Address

251 LYNTHURST ST
 DUNEDIN FL 34698-7577
 US

251 LYNTHURST ST
 DUNEDIN FL 33614-4045
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6501 N. Himes Ave

6501 N. Himes Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33614

Country

Country

USA

USA

4. FEI Number

59-3177921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, HERBERT W. E
 7381 114TH AVE., N.
 STE 406
 LARGO FL 34643

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME OWENS, MARK
 STREET ADDRESS 251 LYNTHURST ST
 CITY-ST-ZIP DUNEDIN FL 34698-7577

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6501 N. Himes Ave #163
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK M. OWENS

Date

Daytime Phone #

5/1/2000 813-877-2008

CR2E034 (9/99)