P9200008626

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Owens On Line Inc. (Name of corporation)
DOCUMENT NUMBER: P9 200008626
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Owens (Name of person)
Owens Online Inc (Name of firm/company)
6501 N. Himes Avenue suite 104 (Address)
Tampa Fl 33614 (City/state and zip code)
For further information concerning this matter, please call:
Mark Owens at (813) 877 2008 ext 208 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

				or 617.1508, Flo e State of\2			_
•	ristered office or r	-	•	<u> </u>	I ICKI	tn orde	2r
1. The name of t	he corporation:	Owens	Online,	Inc	·		·
2. The principal	office address:	6501 N	Himes	Avenue	sude	104	
		Tampa	, F1 3:	3614	<u>-</u>		_
3. The mailing a	ddress (if differen	t):		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorp	poration/qualificat	ion: 12/2/	192. Docum	nent number: _ P	3200008	102L0	· · ·
5. The name and	l street address of	7 '	red agent and reg	istered office on fi	le with the		
Florida Depar	tment of State:	. 1				7116 7 10 1 40	
	<u> </u>	erbent li). E. La	rson	<u> </u>	E E	. 1 [
	<u> </u>	381 114+	h <u>Avenu</u>	e, Nort	h stel	tago -	
		argo, F	1. 34104	13		E PR	[]
6. The name and (if changed):	l street address of	the new registered	I agent (if change	d) and /or registere	ed office	3: 50 STATE LORIDA	
		Mark 1	Dwens	·			v :
		(P.O. Box or per	HIMES -	Avenue,	Surel	4	
		Tampa	,FI :	33614			
The street addre	ess of its registere	d office and the s	treet address of t	he business office	e of its registere	ed agent, as	
				rd of directors or lange.			7
× Mork	ighature often officer of	ins		Mar K Ou	CNS Pro	esident	<u>-</u>
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment to comply with the a familiar with an ely to reflegt a ch writing/of this th	as registered age ? provisions of al d accept the oblit Arge in the regist idnge.	nt and agree to a I statutes relative gation of my post ered office addre	act in this capacit to the proper an tion as registered sss, I hereby confi	y d complete perf l agent. Or, if t rm that the corp	formance of m his document poration has	y is
X Mari	(Signature of Registered	ben		61	3 0 H (Date)	· - · · · · ·	_
	half of an entity:	•			- •		
	(Tuned or Drinted Man	ne)	<u> </u>	 	(()	<u>-</u>	
	(Typed or Printed Nar	incj			(Capacity)		

* * * FILING FEE: \$35.00 * * *