2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90009 014 ***150.00

DOCUMENT # P93000022285

1. Entity Name
OWEN & OWEN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

44000957

2. Principal Place of Business	3. Mailing Address	
125 W. CENTER ST.	106 E. MAIN ST.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: SEBRING FLA	City & State: AVON PARK FLA.	4. FEI Number: 65-0406128 ☐ Applied For ☐ Not Applicable
Zip: 33870 Country: USA	Zip: 33825 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: DAVID H. OWEN
Street Address (P.O. Box Number is Not Acceptable): 125 W. CENTER ST.
City: SEBRING FL Zip Code: 33870

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	OWEN, DAVID H.	NAME	
STREET ADDRESS	106 E. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FLA. 33825	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	OWEN, RONALD L.	NAME	
STREET ADDRESS	106 E. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FLA. 33825	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/4/04 863-471-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RONALD L. OWEN