


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90043 024 \*\*\*150.00

<b>DOCUMENT #</b> P93000066059 1. Entity Name  B&J Owen, INC.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 10936 N. 56th St. Suite, Apt. #, etc. STE 202 City & State Temple Terrace, FL Zip 33617		3. Mailing Address 10936 N. 56th St. Suite, Apt. #, etc. STE 202 City & State Temple Terrace, FL Zip 33617	
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**50032277**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3202042		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent Name Bob F. Owen Street Address (P.O. Box Number is Not Acceptable) 10936 N. 56th St. STE 202 City Temple Terrace FL Zip Code 33617	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Owen, Bob F 10936 N. 56th St., STE 202 Temple Terrace, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Owen, M.J. 10936 N. 56th St., STE 202 Temple Terrace, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

 Bob F. Owen

3/28/05 (813) 980-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)