

2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 016 ***150.00

DOCUMENT # P93000066059

1. Entity Name

B & J OWEN INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10936 N. 56th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Temple Terrace

City & State

Florida

4. FEI Number

59-3202042

Applied For

Not Applicable

Zip

33617

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐
\$8.75 Additional
Fee Required

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.

Suite 202

City

Temple Terrace

FL

Zip Code
33617DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bob F. Owen

2-26-07

813-980-2851