

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

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90092 008 \*\*\*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**

10936 N. 56th St.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

Ste. 202

**City & State**

Temple Terrace, FL

**City & State**

Temple Terrace, FL

**Zip**

22617

**Country**

**Zip**

33617

**Country**

**4. FEI Number**

59-3202042

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

40002869

**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

**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**  
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**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bob F. Owen* 1/9/08

Day

Daytime Phone #

813-980-2851