**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2002 8:00 am Secretary of State P96000041904 DOCUMENT # 1. Entity Name OWENS LETTERPRESS INC. 01-17-2002 90031 011 \*\*\*150.00 Principal Place of Business Mailing Address 224 NEW WARRINGTON ROAD 224 NEW WARRINGTON ROAD PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3356884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWENS, GARRY A Street Address (P.O. Box Number is Not Acceptable) 224 NEW WARRINGTON ROAD PENSACOLA FL 32506 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PDC** TITLE TITLE □ Delete Change ☐ Addition OWENS, GARY A NAME NAME STREET ADDRESS 1447 PENTON RD STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP **VPTS** TITLE ☐ Delete TITLE □ Change ☐ Addition OWENS, DONNA P NAME NAME 1447 PENTON ROAD STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850 455-7633