

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90098 044 \*\*\*550.00

**DOCUMENT # P96000041904**

**1. Entity Name**  
**OWENS LETTERPRESS INC.**



**Principal Place of Business**  
**224 NEW WARRINGTON ROAD**  
**PENSACOLA FL 32506**

**Mailing Address**  
**224 NEW WARRINGTON ROAD**  
**PENSACOLA FL 32506**

**2. Principal Place of Business**

**1447 Penton Road**

Suite, Apt. #, etc.

**3. Mailing Address**

**1447 Penton Road**

Suite, Apt. #, etc.

**City & State**

**Milton, FL**

**City & State**

**Milton, FL**

**4. FEI Number**

**59-3356884**

**Applied For**

**Not Applicable**

**Zip**

**32570**

**Country**

**Santa Rosa**

**Zip**

**32570**

**Country**

**Santa Rosa**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**OWENS, GARRY A**  
**224 NEW WARRINGTON ROAD**  
**PENSACOLA FL 32506**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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)

**9/9/03**

**DATE**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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** **PDC - Treasurer** ☐ Delete  
**NAME** **OWENS, GARY A**  
**STREET ADDRESS** **1447 PENTON RD**  
**CITY-ST-ZIP** **MILTON FL 32570**

**TITLE** **VPTS - Secretary** ☐ Delete  
**NAME** **OWENS, DONNA P**  
**STREET ADDRESS** **1447 PENTON ROAD**  
**CITY-ST-ZIP** **MILTON FL 32570**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/03**

**Date**

**850-675-0884**

**Daytime Phone #**

0124310 AT

CR2E034 (4/03)