

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 004 ***150.00

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

DOCUMENT # P96000061736
 1. Entity Name
TERENCE C. OWEN, INC.



DO NOT WRITE IN THIS SPACE

10095797

2. Principal Place of Business
2825 SAMARA DRIVE
 Suite, Apt. #, etc. _____

3. Mailing Address
2825 SAMARA DRIVE
 Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33618 Country
U.S.A.

Zip
33618 Country
U.S.A.

4. FEI Number
59-3391733

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City MIAMI FL Zip Code 33145

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 of principal place of business and fee not applicable. (SEE IF Applicable Agent signature required when applicable)

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$500.00
Amended UBR is \$81.25
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>PSTD</u>						
	<u>BETTY D. OWEN</u>	<u>2825 SAMARA DRIVE</u>	<u>TAMPA FL 33618</u>				
	<u>D</u>						
	<u>TERENCE C. OWEN</u>	<u>2825 SAMARA DRIVE</u>	<u>TAMPA FL 33618</u>				

DO NOT WRITE 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(3)(b), 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, for I am an officer or director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 on all attachments with an address, with all other like attachments.

SIGNATURE: [Signature] DIRECTOR 04/24/03 8139356307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS/UCS/AB 112102

Attachment 10095797

Pa6000061736

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4TH FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

RECEIVED
APR 29 PM 3:17
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Terence C. Owen, Inc. Pa6000061736
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials