

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000034346****1. Entity Name**  
**OWENS GROVE CORPORATION OF INDIANTOWN****FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91130 024 \*\*\*150.00

**Principal Place of Business**  
**16400 S.W. FARMS ROAD**  
**INDIANTOWN FL 34956****Mailing Address**  
**POST OFFICE BOX 306**  
**INDIANTOWN FL 34956**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****65-0850742**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired****\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****POWERS, MARSHA B**  
**16400 S.W. FARMS ROAD**  
**INDIANTOWN FL 34956**

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.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**P**  
**POWERS, KEVIN P** ☐ Delete  
**16400 SW FARMS RD**  
**INDIANTOWN FL 34956****TITLE**  
**V**  
**POWERS, MARSHA B** ☐ Delete  
**16400 SW FARMS RD**  
**INDIANTOWN FL 34956****TITLE**  
**ST** ☐ Delete  
**POWERS, COLETTE**  
**15300 S.W. MYRTLE DRIVE**  
**INDIANTOWN FL 34956****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 772-597-2446  
Date Daytime Phone #

CR2E034 (9/01)