

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90046 001 *1,650.00

0140182 SP

DOCUMENT # P99000068457

1. Entity Name

OWENS VENTURES, INC.

Principal Place of Business

**240 HAMMOND BLVD HAMMOND
 JACKSONVILLE FL 32254**

Mailing Address

**240 HAMMOND BLVD HAMMOND
 JACKSONVILLE FL 32254**

2. Principal Place of Business

240 Hammond Blvd

Suite, Apt. #, etc.

3. Mailing Address

240 Hammond Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FLORIDA

Zip

32254

Country

FLORIDA

City & State

Jacksonville FLORIDA

Zip

32254

Country

FLORIDA

4. FEI Number

59-3152056

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ABOUD, RICHARD J

9124 CYPRESS GREEN DRIVE

JACKSONVILLE FL 32256

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.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **OWENS, CARL H SR.**
 STREET ADDRESS **240 HAMMOND BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **240 Hammond Blvd**
 CITY-ST-ZIP **Jacksonville, FLORIDA 32254**

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

TITLE ☐ Change ☐ Addition
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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

9-10-01

Date

(904) 448-1355

Daytime Phone #

CR20034 (F/01)