

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000061

Entity Name: OWEN INSURANCE SERVICES, INC

Current Principal Place of Business:

2635 IRIS CT.
WEST PALM BEACH, FL 33418

Current Mailing Address:

3177 SPRINGPLACE RD.
LEWISBURG, TN 37091 US

FEI Number: 27-1577009

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OWEN, LISA CHRISTINE
2635 IRIS CT..
WEST PALM BEACH, FL 33418 US

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: LISA C. OWEN

03/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PVST	Title	D
Name	OWEN, JON P	Name	OWEN, JON
Address	3177 SPRINGPLACE RD.	Address	3177 SPRINGPLACE RD.
City-State-Zip:	LEWISBURG TN 37091	City-State-Zip:	LEWISBURG TN 37091

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON PATRICK OWEN

PVST

03/07/2021

Electronic Signature of Signing Officer/Director Detail

Date