	1.05-0004001		Certificate of Status Desired: I		
Name and	Address of Current Registered Agen	t:			
OWEN, FRAN 4818 EUGENI PALM BEACH					
The above name	ed entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of Florida.		
SIGNATUR	E:				
	Electronic Signature of Registered Agent		D		
Officer/Dire	ector Detail :				
Title	PTD	Title	D		
Name	OWEN, FRANK V. E.	Name	OWEN, SUSAN B		
Address	4818 EUGENIA DRIVE	Address	4818 EUGENIA DRIVE		
City-State-Zip	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418		

4818 EUGENIA DRIVE PALM BEACH GARDENS, FL 33418

Entity Name: FRANK V.E. OWEN, P.A.

Current Principal Place of Business:

FEI Number: 65-0864681

Current Mailing Address:

DOCUMENT# P98000081575

PALM BEACH GARDENS, FL 33418

4818 EUGENIA DRIVE

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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: FRANK V. E. OWEN

PRESIDENT

03/22/2016

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED Mar 22, 2016 Secretary of State CC8547031723

Date