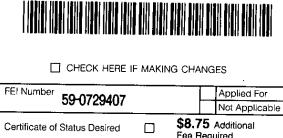
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR DOCUMENT # 182196 1. Entity Name THE O'LEARY COMPANY Principal Place of Business Mailing Address 725 PENINSULAR PLACE PO BOX 2909 JACKSONVILLE FL 32204 JACKSONVILLE FL 32203-2909 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-0729407 Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90139 027 ***150.00



DATE

Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept

	er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of State				\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT OLEARY, DANIEL C. III 4333 SWEET GUM LANE JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS OLEARY, BRIAN P. 4317 GALILEO AVE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	ange
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME_ STREET ADDRÉSS	☐ Cha	inge 🔲 Addition

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

☐ Delete

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☐ Delete

(NOTE: Registered Agent signature required when reinstating)

CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

O'LEARY, DANIEL C. III

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

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

725 PENINSULAR PLACE. JACKSONVILLE FL 32204

SIGNATURE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Date

Daytime Phone #

☐ Addition

☐ Addition

☐ Addition

☐ Change

☐ Change

Change