

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90162 021 ***150.00

DOCUMENT # **P97000099264**

1. Entity Name
O'NEIL CONSTRUCTION OF HIGH SPRINGS, INC.



Principal Place of Business
P.O. BOX 2759
GAINESVILLE FL 32602

Mailing Address
P.O. BOX 2759
GAINESVILLE FL 32602



2. Principal Place of Business
235 NE 2ND Street

3. Mailing Address
P.O. Box 1633

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HIGH Springs, FL.

City & State
HIGH Springs, FL.

Zip
32643

Country
USA

Zip
32655

Country
USA

4. FEI Number **59-3486125**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LASH, ROBERT A ESQ.
500 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name **Dennis O'NEIL**

Street Address (P.O. Box Number is Not Acceptable)
235 NE 2ND Street

City **HIGH Springs** **FL** Zip Code **32643**

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 the obligations of, registered agent.

SIGNATURE *Dennis B O'Neil* **PRESIDENT** **2/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	P O'NEIL, DENNIS B P.O. BOX 1633 N/A HIGH SPRINGS FL 32655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEIL, KELLY L. P.O. BOX 1633 N/A HIGH SPRINGS FL 32655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis B O'Neil* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 **386 454-2476**

Date Daytime Phone #

CR2E034 (10/02)