

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **020235**

1. Entity Name
O'Brien Design Crafters, Inc.

Principal Place of Business Mailing Address
4720 NW 15th Avenue 4720 NW 15th Avenue
Ft. Lauderdale, Florida Ft. Lauderdale, Florida
33309 33309

2. Principal Place of Business 3. Mailing Address
4720 NW 15th Avenue 4720 NW 15th Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale, Florida Ft. Lauderdale, Florida
Zip Country Zip Country
33309 U.S.A. 33309 U.S.A.

4. FEI Number Applied For
59-2067233 Not Applicable

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

6. Name and Address of Current Registered Agent

William O'Brien
4720 NW 15th Avenue
Ft. Lauderdale, Florida
33309

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 _____ (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME **President**
STREET ADDRESS **William O'Brien**
CITY-ST-ZIP **4720 NW 15th Avenue**
Ft. Lauderdale, Fla. 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **700004718212-000**
STREET ADDRESS **-12/11/01--01031--007**
CITY-ST-ZIP ******158.75 ****158.75**

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **William O'Brien** **William O'Brien** **11/9/01** **(954) 771-2844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)