

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 013 ***150.00

DOCUMENT # 819656

1. Entity Name

GEORGE M. O'NEILL CORPORATION



Principal Place of Business

1397 TIMBER DR.
ELGIN IL 60123
US

Mailing Address

1250 LARKIN AVE
STE 100
ELGIN IL 60123
US

2. Principal Place of Business

821 Greenwood Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Carpentersville IL

City & State

City & State

4. FEI Number

36-2583732

Applied For

Not Applicable

Zip

60110

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

TITLE	CTD	<input type="checkbox"/> Delete
NAME	O'NEILL, GEORGE M.	
STREET ADDRESS	1397 TIMBER DR	
CITY-ST-ZIP	ELGIN IL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, CHARLOTTE F.	
STREET ADDRESS	1397-TIMBER-DR.	
CITY-ST-ZIP	ELGIN IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'NEILL, PATRICIA	
STREET ADDRESS	1397 TIMBER DRIVE	
CITY-ST-ZIP	ELGIN IL 60123	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'NEILL, FURMAN	
STREET ADDRESS	1397 TIMBER DR.	
CITY-ST-ZIP	ELGIN IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)