

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90147 045 \*\*\*150.00

**DOCUMENT # F00000004884**

**1. Entity Name**  
**O'GRADY TOOL COMPANY**



**Principal Place of Business**  
**12298 MATTERHORN RD**  
**FORT MYERS FL 33913**

**Mailing Address**  
**P.O. BOX 60227**  
**FT MYERS FL 33906**

**2. Principal Place of Business**  
**7721 HIDDEN POND LANE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 3485**  
Suite, Apt. #, etc.

**City & State**  
**NORTH FORT MYERS, FL**  
**Zip**  
**33917**  
**Country**  
**USA**

**City & State**  
**NORTH FORT MYERS, FL**  
**Zip**  
**33918-3485**  
**Country**  
**USA**

**4. FEI Number** **38-1740756**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**O'GRADY, CHARLES P II**  
**11120 LAKELAND CIRCLE**  
**FORT MYERS FL 33913**

**7. Name and Address of New Registered Agent**

**Name** **CHARLES P. O'GRADY II**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7721 HIDDEN POND LANE**  
**City** **NORTH FORT MYERS** **FL** **Zip Code** **33917**

**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** *Charles P. O'Grady II* **CHARLES P. O'GRADY II** **PRESIDENT** **1/10/2003**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PTC</b> <b>O'GRADY, CHARLES P II</b> <b>11120 LAKELAND CIRCLE</b> <b>FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>OGRADY, RENE E</b> <b>11120 LAKELAND CIRCLE</b> <b>FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>7721 HIDDEN POND LANE</b> <b>NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>7721 HIDDEN POND LANE</b> <b>NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *Charles P. O'Grady II* **CHARLES P. O'GRADY II** **PRESIDENT** **1/10/2003** **239-731-4920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)