

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002314

1. Entity Name
O'ROURKE BROS. INCORPORATED OF ATLANTA

Principal Place of Business
PO BOX 10587
ATLANTA GA 30310

Mailing Address
PO BOX 10587
ATLANTA GA 30310

2. Principal Place of Business
6085 LaGrange Blvd
Suite, Apt. #, etc.

3. Mailing Address
6085 LaGrange Blvd
Suite, Apt. #, etc.

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number 58-1997434

Applied For
Not Applicable

Zip Country
30336 Fulton

Zip Country
30336 fulton

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

6. Name and Address of Current Registered Agent

NICHOLS, BETTY
4469 35TH STREET
ORLANDO FL 32811

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

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	O'ROURKE, JEFF	
STREET ADDRESS	1205 4TH AVE	
CITY-ST-ZIP	MOLINE IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'ROURKE SR, JOE	
STREET ADDRESS	1205 4TH AVE	
CITY-ST-ZIP	MOLINE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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
NAME	
STREET ADDRESS	
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00
Date

404-346-9863
Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 002 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)