

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90034 008 ***158.75

DOCUMENT # G01646

1. Entity Name
O'BRIEN CONSTRUCTION COMPANY

Principal Place of Business

**1224 U.S. HWY 1
C
NORTH PALM BEACH FL 33408
US**

Mailing Address

**1224 U.S. HWY 1
C
NORTH PALM BEACH FL 33408
US**

80010543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2224550**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, BRIAN K
1224 U.S. HWY 1
SUITE C
NORTH PALM BEACH FL 33408**

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
O'BRIEN, BRIAN K.
10 BAYVIEW CT
TEQUESTA FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 Yacht Club Place ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Michael Prince
72 Ironwood Way N.** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Palm Beach Gardens, FL
33418** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Dale Gaines
8661 S.E. Duncan Street** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hobe Sound, FL 33455 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

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
Brian O'Brien

Date

Daytime Phone #

561-799-2326

CR2E034 (9/01)