

FILED
May 24, 2002 8:00 am
Secretary of State

03-31-2002 90369 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02554

1. Entity Name

Gavin W. O'Brien, P.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % Gavin W. O'Brien, Esq. Suite, Apt. #, etc. 1806 Manatee Ave. West City & State Bradenton, FL Zip 34205-5995 Country US		3. Mailing Address P.O. Box 597 Suite, Apt. #, etc. City & State Bradenton, FL Zip 34205 Country US		4. FEI Number 59-2225620	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
O'Brien, Gavin W., Esq.
Street Address (P.O. Box Number is Not Acceptable)
1806 Manatee Ave. West
City
Bradenton FL Zip Code
34205

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) ☐

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$650.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PST O'Brien, Gavin W. 1806 Manatee Ave. West Bradenton, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Brien, Gavin W. 1806 Manatee Ave. West Bradenton, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

941-778.

Daytime Phone #

CP2E0348 (12/01)