

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48165

1. Entity Name

R. F. O'BRIEN LANDSCAPING, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90088 034 ***150.00

0507259

Principal Place of Business

Mailing Address

1551 SW 129 WAY
DAVIE FL 33325
US

P.O BOX 550435
FT LAUDERDALE FL 33355
US

764005



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

59-2418286

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, ROBERT F.
1551 SW 129 WAY
DAVIE FL 33325

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, 2001 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
☐ Delete

PD
O BRIEN, ROBERT
1551 S.W. 129 WAY
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

V
O'BRIEN, FRANK
1014 WELDSTONE CT
ATLANTA GA 30350

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

STD
O'BRIEN, JOYCE
1551 S.W. 129 WAY
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
O'BRIEN, CORY P
1551 SW 129 WAY
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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D
OBRIEN, COLBY R
1551 SW 129 WAY
DAVIE FL 33325

TITLE
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CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(954) 382-2266

Daytime Phone #

CR2E034 (10/00)