

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28040

1. Entity Name

O'BRIEN DEVELOPMENT, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 018 ***150.00

Principal Place of Business

Mailing Address

8016 ARLINGTON EXWY
JACKSONVILLE FL 32211
US

8016 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-7422
US

2. Principal Place of Business

1025 Beach Ave

3. Mailing Address

1025 Beach Ave.

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

Zip

32233

Country

USA

Zip

32233

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2722388

Applied For

Not Applicable

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, RICHARD B
8016 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

1025 Beach Ave #2

City

Atlantic Beach FL

Zip Code

32233

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, RICHARD B | |
| STREET ADDRESS | 8016 ARLINGTON EXPWAY | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, LLOYD J | |
| STREET ADDRESS | 8016 ARLINGTON EXPWAY | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 |
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| 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

Date

Daytime Phone #

CR2E034 (9/99)