

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90020 036 ***150.00

DOCUMENT # J55879

1. Entity Name
JAMES O'NEILL CONSTRUCTION, INC.

Principal Place of Business Mailing Address
2080 MEADOW LANE **2080 MEADOW LANE**
MELBOURNE FL 32904 **MELBOURNE FL 32904**

2. Principal Place of Business 3. Mailing Address
2080 Meadowlane Ave **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
same

City & State City & State
Melbourne, Florida **same**
 Zip Zip Country Country
32904 **same** **United States** **same**

4. FEI Number Applied For
59-2767359 Not Applicable

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

6. Name and Address of Current Registered Agent
O'NEILL, JAMES A., JR.
2785 BERAN LN.
MALABAR FL 32950

7. Name and Address of New Registered Agent
 Name **same on left**
 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 *James A. O'Neill* DATE **1-8-01**
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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	
TITLE	<input type="checkbox"/> Delete
NAME	P O'NEILL, JAMES, JR.
STREET ADDRESS	2785 BERAN LN.
CITY-ST-ZIP	PALM BAY FL
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	

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: *James A. O'Neill* DATE: **1-8-01** Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE