

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24588

1. Entity Name

O.F.E., INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90002 007 ***150.00

Principal Place of Business

Mailing Address

1630 SANDALWOOD BLVD.
JACKSONVILLE FL 32216

1630 SANDALWOOD BLVD.
JACKSONVILLE FL 32246-8826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2917096

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'NEILL, STEPHEN
1450 OCEAN BLVD
ATLANTIC BEACH FL 32233

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	O'NEILL, STEPHEN E.	
STREET ADDRESS	1450 OCEAN BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	O'NEILL, HELEN	
STREET ADDRESS	1450 OCEAN BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'NEILL, DINA J	
STREET ADDRESS	1450 OCEAN BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'NEILL, STEPHEN E	
STREET ADDRESS	1650 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)