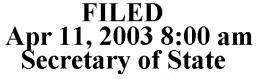
2003 FOR PROFIT CORPORATION

Mailing Address

UNIFORM BUSINESS REPORT (UBR) K60293 **DOCUMENT #** 1. Entity Name O'CONNOR BUILDING CORPORATION

Principal Place of Business



*150.00

2 2 2	Secretary or k
	04-11-2003 90114 050 ***

SARASOTA FL US		IVE		SARASOTA FL 34240 US				1		4		
2. Principal Place of Business			3. Ma	3. Mailing Address				I	[#Q]QJ 4(8 0 00±10 4	188 (1)) 8 181) VI	BIG BIBII OIAIK BII	I
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 65-0101896 Applied For Not Applicable				
Zip		Country	Zip	Zip Count				5. Certificate of Status Desired S8.75 Additional Fee Required				
	- 6. Name	and Address of Current	Register	ed Agent ⊶====	5		7. ر ـــــــ	'. Name	e and Address of New F	Registered /	Agent	
					Name							
), FRANK W				Street Address (P.O. E). Box N	lumber is Not Acceptable	∋)		
	T AVENUE											
ST. PETEF	rsburg fl	. 33713										
						City FL Zip Code						
the obligat	ions of regist	.'			registere	ed office or	registered	agent, o	or both, in the State of Flo	orida. I am	amiliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registere	d Agent signatu	re required who	en reinstati	ng)	DATE		
After	May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department o	f State					9	9. Election Campaign Fir Trust Fund Contribution		\$5.00 Added	May Be to Fees
10.		OFFICERS AND	DIRECTO			11.		ADDITIO	ONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	DP			Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS		R, KEVIN R.			NAM	E Et address						
CITY-ST-ZIP	7177 NORTH LEEWYNN DRIVE SARASOTA FL 34240				CITY-S							}
TITLE	DS			Delete	TITLE					· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME		•				Ε						_
						et address						
CITY-ST-ZIP	SARASOTA	<u> </u>		<u> </u>	CITY	-ST-ZIP	<u> </u>	<u>.</u> .			<u> </u>	
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS						Ì
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE					 .	Change	Addition
NAME				Oc.o.	NAM							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP				·	CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					NAMi	.						
STREET ADDRESS						ET ADDRESS						
CiTY-ST-ZIP		···			CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					NAM	i						-
STREET ADDRESS CITY-ST-ZIP			•			ET ADDRESS - ST-ZIP						
	artifu that it	information supplied with	thin filler	doop not explife to		notion state	ad in Cocti-	sp. 110.0	37(2)(i) Florida Statistan	l formation and a second	tifushas tha ia	formation

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 reports that I am an officer or director of the corporation or the receiver or trustee enhancement this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other households.

SIGNATURE: