

2009 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70652

1. Entity Name

O'Connell Insulation Company, Inc.

Principal Place of Business

c/o Michael P. O'Connell
820 N.E. 24th Lane #104
Cape Coral, FL. 33909

Mailing Address

P.O. Box 151519
Cape Coral, FL.
33915

2. Principal Place of Business

3. Mailing Address

P.O. Box 151519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL

4. FEI Number

65-0115125

Applied For

Not Applicable

Zip

Country

Zip

Country

33915

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'Connell, Michael P.
820 N.E. 24th Lane, #104
Cape Coral, FL. 33909

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	DP	<input type="checkbox"/> Delete
NAME	O'Connell, Michael P.	
STREET ADDRESS	820 N.E. 24th Ln. #104	
CITY-ST-ZIP	Cape Coral, FL. 33909	
TITLE	DST	<input type="checkbox"/> Delete
NAME	O'Connell, Debbie R.	
STREET ADDRESS	820 N.E. 24th Lane #104	
CITY-ST-ZIP	Cape Coral, FL. 33909	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Debbie R. O'Connell* / Secretary-Treasurer

3/15/2000

941.772.1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)