## **FILED** Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90040 023 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** K90719 1. Entity Name

MAUREEN O'CONNOR, INC.

Principal Place of Business

C/O MAUREEN O'CONNOR

1686 PSL BLVD

PT. ST. LUCIE FL 34952-6403

Mailing Address

C/O MAUREEN O'CONNOR

1686 PSL BLVD

PT. ST. LUCIE FL 34952-6403

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9. This corporation is eligible to satisfy its Intrangible Tax filling requirement and elects to do so.    After May 1, 2002 Fee will be \$550.00   After May 1, 2002 F	••								])			
City & State    City & State   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   See 38.75 Auditional Registered Agent   See 7. Name and Address of New Registered Agent   See 7. Name and Address of New Registered Agent   See 7. Name and Address of New Registered Agent   Name	2. Principal P	lace of Busin	ess	3. Mailing Address					EN BION DIE			
September   Septem	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Section   Sect	City & State	e		City & State			4. F		<del></del>			
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O'CONNOR, MAUREEN 1686 PSL BLVD PORT ST. LUCIE FL 34952  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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 prison toword registered sport and the A opticable Port of Florida on back of	-	6 Name	and Address of Current Re	nietered Anent	<u> </u>	T	7 N	Jame and Address of New Regi			-	
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PORT ST. LUCIE FL 34952  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, types or printed named inagistesed agent and title if applicable.  NOTE Registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intemptible task lifting requirement and elects to do so.  (See citient on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11 // NAME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 // NAME  13. OFFICERS AND DIRECTORS IN 11 // NAME  14. OFFICERS AND DIRECTORS IN 11 // NAME  15. OFFICERS AND DIRECTORS IN 11 // NAM	·					Street Address (P.O. Box Number is Not Acceptable)						
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 pured name of registered agent and title if applicable. (NOTE Registered Agent algorities required when revealable)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00												
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNOTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR