FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 30 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55036296

DOCUMENT # K91600

1. Entity Name
Jerry O'Neil Steeplejack Family Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
121 Martin Rd	P.O. Box 3646
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: St. Augustine FL
Zip: 32085 Country: St Johns	Zip: 32085 Country: St. Johns

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2952083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jerry O'Neil

Street Address (P.O. Box Number is Not Acceptable): 121 Martin Rd

City: St. Augustine FL Zip Code: 32085

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jerry O'Neil President P.O.A. LO 4-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerry O'Neil Steeplejack Family Inc / Jerry O'Neil Pres. / 121 Martin Rd St Augustine FL 32085
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same / Beverly O'Neil vice pres / 121 Martin Rd St. Augustine FL 32085
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mrs Beverly J O'Neil Beverly J. O'Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #