

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014829

1. Entity Name  
O'NEILL'S IRISH ART, LLC

FILED

01 JUN 21 AM 11:41

Principal Place of Business  
205 WEST PLATT ST.  
TAMPA FL 33606

Mailing Address  
205 WEST PLATT ST.  
TAMPA FL 33606

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME ~~MEMBER~~  
STREET ADDRESS ~~GOLIN J BREEN~~  
CITY-ST-ZIP ~~2519 W CONLEY AVE~~  
~~TAMPA, FL 33611~~

TITLE ☐ Change ☐ Addition  
NAME ~~MEMBER~~  
STREET ADDRESS ~~GOLIN J BREEN~~  
CITY-ST-ZIP ~~2519 W CONLEY AVE~~  
~~TAMPA, FL 33611~~

TITLE ☐ Delete  
NAME ~~MEMBER~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ~~MEMBER~~  
STREET ADDRESS ~~ROBERT E. O'NEILL~~  
CITY-ST-ZIP ~~930 ALLEGRO LANE~~  
~~APOLLO BEACH, FL 33572~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ~~MEMBER~~  
STREET ADDRESS ~~HUGH O'NEILL~~  
CITY-ST-ZIP ~~561 IVY AVE~~  
~~PALM BEACH GARDENS, FL 33410~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)