

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90052 049 ****50.00

DOCUMENT # L00000014829

1. Entity Name

O'NEILL'S IRISH ART, LLC

Principal Place of Business

**205 WEST PLATT ST.
TAMPA FL 33606**

Mailing Address

**205 WEST PLATT ST.
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3691898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

205 W PLATT STREET

City

TAMPA

FL

Zip Code

33606

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Delete
NAME **BREEN, COLIN J**
STREET ADDRESS **2519 W. CONLEY AVE.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ Change ☐ Addition
NAME **2519 W. CONLEY AVENUE**
STREET ADDRESS **TAMPA FL 33611**
CITY-ST-ZIP

TITLE **MEM** ☐ Delete
NAME **O'NEILL, ROBERT E**
STREET ADDRESS **936 ALLEGRO LANE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

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

TITLE **MEM** ☐ Delete
NAME **O'NEILL, HUGH**
STREET ADDRESS **561 IVY AVE.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

COLIN J BREEN, MEM

4/29/02 813-254-4444

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

Date

Daytime Phone #

CR2E083 (9/01)