

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90096 020 ***150.00

DOCUMENT # L31684

1. Entity Name
WILLIAM H. O'BYRNE, CPA, P.A.



Principal Place of Business
WILLIAM H O'BYRNE CPA PA
14305 NW 154 TERRACE
ALACHUA FL 32616
US

Mailing Address
PO BOX 1239
ALACHUA FL 32615
US



2. Principal Place of Business
2054 RIVERSIDE AVE
Suite, Apt. #, etc.
6402

3. Mailing Address
2054 RIVERSIDE AVE
Suite, Apt. #, etc.
6402

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
59-2980033

Applied For
Not Applicable

Zip
32204 Country
USA

Zip
32204 Country
USA

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

6. Name and Address of Current Registered Agent

O'BYRNE, WILLIAM H.
14305 NW 154 TERRACE
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2054 RIVERSIDE AVE #6402
City **JACKSONVILLE** FL Zip Code **32204**

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 **WILLIAM H. O'BYRNE (D)** *William H. Obyrne* **2-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D O'BYRNE, WILLIAM H. 14305 NW 154 TERRACE ALACHUA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2054 RIVERSIDE AVE #6402 JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM H. O'BYRNE (D)** *William H. Obyrne* **2-3-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)