2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
03 MAR 24 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 61029

1. Entity Name
Wally O'Connor Contractor, INC

DO NOT WRITE IN THIS SPACE

02/27/03 90165 029 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2290 53rd ST	2290 53rd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34234 Country: USA	Zip: 34234 Country: USA

4. FEI Number: 650195351 ☐ 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: WALLY O'CONNOR JR

Street Address (P.O. Box Number is Not Acceptable): 2290 53RD ST

City: SARASOTA FL Zip Code: 34234

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1st - May 1st Fee is $150.00
After May 1st 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	WALLY O'Connor III VP 2114 61 ST ST SARASOTA, FL 34243
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KATE O'CONNOR-Secretary 2290 53rd ST SARASOTA, FL 34234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: _____ 2-18-03 941 351 1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #