

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amendment

DOCUMENT # P00000006001
1. Entity Name
 Daniel O'Connell's Inc

FILED
 02 MAR 13 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 51 SE 1 Ave
 Suite, Apt. #, etc.

3. Mailing Address 51 SE 1 Ave
 Suite, Apt. #, etc.

City & State Boca Raton FL
Zip 33432 **Country** USA

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Zip 33432 **Country** USA

4. FEI Number 522211631
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 Alice T. Reuter
Street Address (P.O. Box Number is Not Acceptable)
 1098 NW 4 Ave
City Boca Raton **FL** **Zip Code** 33432

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 Alice Reuter Alice Reuter 3-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

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

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

11. OFFICERS AND DIRECTORS

TITLE President/Director NAME Alice Reuter STREET ADDRESS 51 SE 1 Ave Boca Raton FL CITY-ST-ZIP 33432	TITLE VP/Director NAME Sean Quilter STREET ADDRESS 51 SE 1 Ave CITY-ST-ZIP Boca Raton FL 33432

TITLE 700005180997--
NAME -04/02/02--01004--001
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Reuter 3/11/02 (561) 756-4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)