2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000019682 02-15-2001 90069 018 ***158.75 O'CONNOR & TAYLOR CONDOMINIUM CONSTRUCTION INCOR Principal Place of Business Mailing Address 3892 PROSPECT AVE STE 7 3892 PROSPECT AVE STE 7 30361 WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 099204 City & State City & State Applied For Not Applicable Country Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent BARNETT, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 8412 NATIVE DANCER ROAD PALM BEACH GARDENS FL 33418 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Delate NAME NAME TATLOR, JOSEPH E III STREET ADDRESS STREET ADDRESS 13635 MALLARD WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GAREDNS FL 33418 Change ■ Addition ☐ Delete TITLE TITLE NAME O'CONNOR, FRANK S NAME STREET ADORESS STREET ADORESS 15 GRANDBAY CIRCLE CITY-ST-71P CITY-ST-ZIP JUNO BEACH FL 33410 Tal Addition Change TITLE ☐ Delete TITLE F. DAVID TEETS, JR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33404 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CTTY-ST-ZIP CDY-ST- ZP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 501-863-2349

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FILED Mar 13, 2001 8:00 am Secretary of State