

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90238 007 ***150.00

DOCUMENT # P00000024110

1. Entity Name
O'MEARA CAPITAL PARTNERS, INC.



Principal Place of Business
**15 N. KING STREET
LEESBURG VA 20176**

Mailing Address
**15 N. KING STREET
LEESBURG VA 20176**

2. Principal Place of Business

SAME

3. Mailing Address

ONE S.E. THIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28TH FLOOR

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

4. FEI Number **65-1029845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$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 | CEO O'MEARA, PATRICK 47694 LOWELAND TERRACE STERLING VA 20165 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FERGUSON, FRANK 21021 STARFLOWER WAY ASHBURN VA 20147 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EDWARDS, PENNY 236 LOUDOUN STREET S.W. LEESBURG VA 20175 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RUBINO, BRIAN 20972 ROOTSTOWN TERRACE ASHBURN VA 20147 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHELAN, JACK 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARLAPIANO, DOMINIC 10700 N. KENDALL DRIVE, #400 MIAMI FL 33176 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP & TREASURER ROBERT FERGUSON 8410 NOLLY LEAF DR MCLEAN, VA 22102 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR DEAL HUDSON 1814 42 N ST. N.W. WASHINGTON, D.C. 20036 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP & SECRETARY PENNY EDWARDS 236 LOUDOUN ST SW LEESBURG, VA 20175 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR FRANK CZASKA 3650 KNOLL CREEK COURT ANN ARBOR, MI 48105 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR THOMAS MEINTYRE 5020 GADSEN DR FAIRFAX, VA 22032 | <input type="checkbox"/> Change <input checked="" 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:

PENNY EDWARDS
SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 703-669-4300

Date

Daytime Phone #

CR2E034 (10/02)