

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042740

1. Entity Name
FLOOR COVERINGS BY "MICHAEL O'BRIEN", INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90051 012 ***150.00

Principal Place of Business
6017 DUBLIN AVENUE DRIVE
NEW PORT RICHEY FL 34653

Mailing Address
6017 DUBLIN AVENUE DRIVE
NEW PORT RICHEY FL 34653

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6017 Dublin Drive
Suite, Apt. #, etc.

3. Mailing Address
6017 Dublin Drive
Suite, Apt. #, etc.

City & State
New Port Richey
Zip
34653
Country
PASCO

City & State
New Port Richey, FL
Zip
34653
Country
PASCO

4. FEI Number
59-3647146
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JANEZIC, JOSEPH
4815 E. BUSCH BLVD., #113
TAMPA FL 33617

7. Name and Address of New Registered Agent
Name
Michael P. O'Brien
Street Address (P.O. Box Number is Not Acceptable)
6017 Dublin Drive
City
New Port Richey, FL
Zip Code
34653

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 *Michael P. O'Brien* DATE 3/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT DAWN O'BRIEN 6017 DUBLIN DRIVE NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE PRESIDENT MICHAEL P. O'BRIEN 6017 DUBLIN DRIVE NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SECRETARY DAWN O'BRIEN 6017 DUBLIN DRIVE NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TREASURER MICHAEL P. O'BRIEN 6017 DUBLIN DRIVE NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael P. O'Brien* DATE 3/22/01 727842-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)