

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90124 015 ***150.00

DOCUMENT # P00000085237

1. Entity Name
T.O. CONNOR, INC.

Principal Place of Business
8855 OKEECHOBEE BLVD., #305
W. PALM BCH FL 33411

Mailing Address
8855 OKEECHOBEE BLVD., #305
W. PALM BCH FL 33411

2. Principal Place of Business
9431 YEARLING DR
 Suite, Apt. #, etc.

3. Mailing Address
9431 YEARLING DR
 Suite, Apt. #, etc.

City & State
IK WORTH FL
 Zip
33467 Country
US

City & State
IK WORTH FL
 Zip
33467 Country
US

4. FEI Number **65-1038087**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR, TODD A
8855 OKEECHOBEE BLVD., #305
W. PALM BCH FL 33411

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 _____ (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) ☐

FILE NOW!!! FEE IS \$550.00
~~After September 13, 2002 Fee will be \$750.00~~
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, TODD A 8855 OKEECHOBEE BLVD., #305 WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Todd A. O'Connor **9/9/02** **561 252-1520**

CR2E034 (4/02)

Attachment

979636

PO0000085-237

T. O'CONNOR INC.

9431 Yearling Drive
Lake Worth, Florida 33467

Phone: 561-252-1520

September 9, 2002

To whom it may concern,

I am requesting that the late fee be waived as I have not received either a pre-printed UBR, or a prior notice of intent to administratively dissolve or revoke the corporation.

Sincerely,

Todd A. O'Connor
President/Director

Todd A. O'Connor