

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90164 019 \*\*\*150.00

DOCUMENT # P00000085482

1. Entry Name

O'Connor & Associates, Inc.

Principal Place of Business

Mailing Address

915 S.E. 21st Lane  
 Cape Coral, FL 33990

915 S.E. 21st Lane  
 Cape Coral, FL 33990

2. Principal Place of Business

1120 S.E. 3rd Street

3. Mailing Address

646 S.E. 12th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#17

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-1039068

Applied For

Not Applicable

Zip  
 33990

Country  
 USA

Zip  
 33990

Country  
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

John O'Connor  
 1120 S.E. 3rd Street  
 Cape Coral, FL 33990

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.

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME John O'Connor  
 STREET ADDRESS 915 S.E. 21st Lane  
 CITY-ST-ZIP Cape Coral, FL 33990

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1120 S.E. 3rd Street  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

John O'Connor, President 04/19/01

(941) 772-8897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0060231

DO NOT WRITE IN THIS SPACE