2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91187 007 ***150.00

DOCUMENT # P00000087396

1. Entity Name
O'Reilly Consulting, Inc.

Principal Place of Business
1601 Crest DR.
Lake Worth, FL 33461

Mailing Address

2. Principal Place of Business	3. Mailing Address
15480 Meadow Wood DR	15480 Meadow Wood DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1041404 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Christopher O'Reilly
1601 Crest DR.
Lake Worth, FL 33461
new address →

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 15480 Meadow Wood DR
Wellington
City FL Zip Code 33414

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] 5/1/01 561-790-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc # P00000087396-050104

0)487-6013 05/01/01 14:16 Fl Dept of State p1 /1

To whom it may concern- our address has changed so we did not receive a completed form by mail so I am attaching this printout.

M. O'Reilly

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5/01/01 CORPORATE DETAIL RECORD SCREEN 1:57 PM

NUM: P00000087396 ST:FL ACTIVE/FI PROFIT FLD: 09/13/2000
NAME : O'REILLY CONSULTING, INC.
PRINCIPAL: 1601 CREST DR.
ADDRESS LAKE WORTH, FL 33461
RA NAME : O'REILLY, CHRISTOPHER
RA ADDR : 1601 CREST DR.
LAKE WORTH, FL 33461 US
ANN REP : * NONE FILED *

5/01/01 OFFICER/DIRECTOR DETAIL SCREEN 1:59 PM

CORP NUMBER: P00000087396 CORP NAME: O'REILLY CONSULTING, INC.
TITLE: D NAME: O'REILLY, CHRISTOPHER
1601 CREST DR.
LAKE WORTH, FL 33461
TITLE: D NAME: O'REILLY, MONICA
1601 CREST DR.
LAKE WORTH, FL 33461

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT