

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90099 016 \*\*\*150.00

0125746 AT

**DOCUMENT # P0000090137**

1. Entity Name  
**O'NEAL CORPORATION**



Principal Place of Business  
**2025 N.E. 156TH AVENUE  
GAINESVILLE FL 32609**

Mailing Address  
**2025 N.E. 156TH AVENUE  
GAINESVILLE FL 32609**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**O'NEAL, BRADD  
2023 NE 156TH AVENUE  
GAINESVILLE FL 32609**

4. FEI Number **59-3672615**  
Applied For  
 Not Applicable

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

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'NEAL, CONSTANCE</b> <b>2025 N.E. 156TH AVENUE</b> <b>GAINESVILLE FL 32609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'NEAL, AURTHUR</b> <b>2025 N.E. 156TH AVENUE</b> <b>GAINESVILLE FL 32609</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arthur O'Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)

*Attachment*  
**Business Bookkeeping Service, Inc.**

Phone  
352-375-2797

2711 NW 6<sup>th</sup> Street  
Suite F  
Gainesville, Fl. 32609

Fax  
352-375-1706

August 22, 2003

80140884  
P00000090137

TO WHOM IT MAY CONCERN:  
RE: O'NEAL CORPORATION  
DOC #: P00000090137

OUR CLIENT HAS ENCLOSED A CHECK FOR THE AMOUNT OF \$150.00 FOR THE UNIFORM BUSINESS REPORT FOR THE YEAR OF 2003. THEY DID NOT RECEIVE THE FIRST NOTICE OF THIS FEE BEFORE RECEIVING THIS NOTICE OF \$550.00.

PLEASE ACCEPT THIS PAYMENT OF \$150.00. PLEASE ALSO MAKE SURE THAT YOU HAVE THE CORRECT MAILING ADDRESS FOR OUR CLIENT.

THANK YOU FOR YOUR ASSISTANCE WITH THIS PROBLEM.

*Regina Sweet*

REGINA @  
BUSINESS BOOKKEEPING SERVICE, INC.

*Arthur O'Neal*