

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0379449 AV

DOCUMENT # P00000102889

1. Entity Name
O'BRIEN BOAT WORKS, INC.

02-13-2002 90177 041 ***150.00

Principal Place of Business
410 NORTHEAST THIRD STREET
BAY #1B
BOYNTON BEACH FL 33435

Mailing Address
410 NORTHEAST THIRD STREET
BAY #1B
BOYNTON BEACH FL 33435

2. Principal Place of Business
212 SE 6th AVE
 Suite, Apt. #, etc.

3. Mailing Address
212 SE 6th AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boynton-Bch FL
 Zip
33435

City & State
Boynton-Bch FL
 Zip
33435

4. FEI Number **APPLIED FOR**
31-1786498
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
O'BRIEN, ANDREW W
410 NORTHEAST THIRD STREET
BAY #1B
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name **Andrew O'Brien**
 Street Address (P.O. Box Number is Not Acceptable)
212 SE 6th AVE
 City **Boynton Beach FL** Zip Code **33435**

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 DATE **1-29-02**
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, 2002 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	<input type="checkbox"/> Delete
NAME	D O'BRIEN, ANDREW W
STREET ADDRESS	410 NORTHEAST THIRD STREET BAY #1B
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> Delete
NAME	D O'BRIEN, ELLEN L
STREET ADDRESS	410 NORTHEAST THIRD STREET BAY #1B
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02
 Date Daytime Phone #

CR2E034 (9/01)