


**03 - FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03-12-2003 90085 014 \*\*\*158.75  
 FILE NO. 000023641  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 MAR 14 PM 1:33

DOCUMENT # *P-01000023641*

1. Entity Name  
*M. Therese O'Connor Homewatch*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*6302 ROBINSON ST.*

3. Mailing Address  
*6302 ROBINSON ST.*

Suite, Apt. #, etc. \_\_\_\_\_

City & State  
*Jupiter, FL.*

City & State  
*Jupiter, FL.*

Zip  
*33458* Country *USA*

Zip  
*33458* Country *USA*

4. FEI Number  
*65-1083489*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*HARRIET L. O'CONNOR*

Street Address (P.O. Box Number is Not Acceptable)  
*6302 ROBINSON ST.*

City  
*Jupiter, FL* Zip Code  
*33458*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT M. Therese O'CONNOR 6302 ROBINSON ST. Jupiter, FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-president M. Therese O'CONNOR 6302 ROBINSON ST. Jupiter, FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY HARRIET L. O'CONNOR 6302 ROBINSON ST. Jupiter, FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER M. Therese O'CONNOR 6302 ROBINSON ST. Jupiter, FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Therese O'Connor, Harriet L. O'Connor* 3/3/03 561-744-3997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

3/14/03