Amended

FILED
03 DEC 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061770

1. Entity Name
M.P. O'BRIEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 715 NAPOLI LANE<br>NEW SMYRNA BEACH, FL 32168 | 715 NAPOLI LANE<br>NEW SMYRNA BEACH, FL 32168 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3724083 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| O'BRIEN, MICHAEL P<br>2715 NAPOLI LANE<br>NEW SMYRNA BEACH, FL 32168 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS $150.00
AFTER MAY 1, 2003 FEE WILL BE $550.00
Annual 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPST<br>O'BRIEN, MICHEAL P<br>2715 NAPILOI LANE<br>NEW SMYRNA BEACH, FL 32168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GUNION, JERRY<br>134 MILTON ROAD<br>NEW SMYRNA BEACH, FL 32174 | X Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOBBY AILES<br>715 Napoli LN<br>New Smyrna FL 32168 | ☐ Change X Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>JONES, ERIC<br>115 NAPOLI LN<br>NEW SMYRNA BEACH, FL 32168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 01/06/04--01067--001 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 700025171017<br>01/06/04--01067--001 **61.25 | ☐ Change ☐ Addition |
| 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 |

CR2E034 (10/02)

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:** MOBrien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ONLY CHANGE IS A DIRECTOR
(GUNION JERRY, REMOVE) ADD TO BOBBY AILES
715 NAPOLI LN
NEW SMYRNA FL 32168