

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90180 039 \*\*\*150.00

0631315 AT

**DOCUMENT # P02000100074**

1. Entity Name  
**O'MALLEY CONSTRUCTION INC.**



Principal Place of Business  
**323 LINCOLN AVE.  
VALPARAISO FL 32580**

Mailing Address  
**323 LINCOLN AVE.  
VALPARAISO FL 32580**



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

**59-3703542**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OMALLEY, JOE  
323 LINCOLN AVE.  
VALPARAISO FL 32580**

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 JOE O'MALLEY  
Signature, typed or printed name of registered agent and title if applicable

Joe O'Malley  
(NOTE: Registered Agent signature required when reinstating)

1-10-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>OMALLEY, JOE</b>	
STREET ADDRESS	<b>323 LINCOLN AVE.</b>	
CITY-ST-ZIP	<b>VALPARAISO FL 32580</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MEEKS, MARK</b>	
STREET ADDRESS	<b>1113 48TH ST.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIDDLE, JOE</b>	
STREET ADDRESS	<b>1778 HULBURT RD. LOT 8</b>	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other information.

**SIGNATURE:**

Joe O'Malley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)