

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000153639
1. Entity Name
ART O'BRIEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 517 W. JASMINE DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKE PARK, FL	City & State
Zip 33403	Country

4. FEI Number 72-1588819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ARTHUR O'BRIEN	
Street Address (P.O. Box Number is Not Acceptable) 517 W. JASMINE DR	
City LAKE PARK, FL	
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 *Arthur O'Brien* 33403

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARTHUR O'BRIEN 517 W. JASMINE DR LAKE PARK, FL 33403
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #