

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90954 047 ***150.00

DOCUMENT # P93000032491

1. Entity Name
MONOGRAMS & EMBROIDERY BY O'NEAL, INC.



Principal Place of Business
5412 PALM LAKE CR.
ORLANDO FL 32189

Mailing Address
5412 PALM LAKE CR.
ORLANDO FL 32189

2. Principal Place of Business

4775 Lincoln Ave

3. Mailing Address

4775 Lincoln Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3186231

Applied For
Not Applicable

Zip
32819

Country
Orange

Zip
32819

Country
Orange

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'NEAL, JAMES W
5412 PALM LAKE CR.
ORLANDO FL 32819

Name
Deborah L. O'Neal

Street Address (P.O. Box Number is Not Acceptable)
4775 Lincoln Ave.

City
Orlando

FL **Zip Code**
32819

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 *Deborah L. O'Neal* **Deborah L. O'Neal** **4/4/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
D ☒ **Delete**
NAME
O'NEAL, JAMES W
STREET ADDRESS
5412 PALM LAKE CR.
CITY-ST-ZIP
ORLANDO FL 32819

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ **Delete**
NAME
O'NEAL, DEBORAH L.
STREET ADDRESS
5412 PALM LAKE CIRCLE
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)