

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90086 045 ***150.00

DOCUMENT # P930000433B

1. Entity Name

Cahill + O'Connor Kennel +nc ✓

Principal Place of Business

Mailing Address

10901 Brighton Bay Blvd. NE
 #7101
 St. Petersburg, Fla 33716

A0025006

2. Principal Place of Business

3. Mailing Address

10901 Brighton Bay Blvd. N.E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7101

City & State

City & State

St. Petersburg, Fla 33716

Zip

Country

Zip

Country

33716

Pineellas

4. FEI Number

65-0425871

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

Darl Ferguson
 2000 N. Congress
 #208
 W. Palm Beach, Fla 33716

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.

SIGNATURE

Signature must be printed name of the person signing the report.

INSTEAD OF SIGNATURE, TYPE PRINTED NAME OF THE PERSON SIGNING.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See or refer to back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Deceased
NAME	Timothy P. Cahill	
STREET ADDRESS	10901 Brighton Bay Blvd. N.E	
CITY-ST-ZIP	St. Petersburg, Fla 33716	
TITLE	N. Dees	☐ Deceased
NAME	Cynthia K. O'Connor	
STREET ADDRESS	10901 Brighton Bay Blvd. N.E	
CITY-ST-ZIP	St. Petersburg, Fla 33716	
TITLE		☐ Deceased
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Deceased
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Deceased
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Deceased
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Deceased	☐ Added
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Deceased	☐ Added
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Deceased	☐ Added
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Deceased	☐ Added
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Deceased	☐ Added
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 in person by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 11 or Block 12, as changed, or on an attachment with an address with that other less empowered.

SIGNATURE:

Cynthia K. O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

727-5639458

CR2E034 (11/00)