

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90140 024 ***150.00

DOCUMENT # P93000043313

1. Entity Name

CAHILL & O'CONNOR KENNEL, INC.

Principal Place of Business

**10901 BRIGHTON BAY BLVD N.E.
#7101
SAINT PETERSBURG FL 33716
US**

Mailing Address

**10901 BRIGHTON BAY BLVD N.E.
#7101
SAINT PETERSBURG FL 33716
US**

B0066379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Mt. Piney Ave N.E.

**Suite, Apt. #, etc.
St. Petersburg Fla.**

**City & State
33702 Pinellas**

Zip Country

3. Mailing Address

205 Mt. Piney Ave N.E.

**Suite, Apt. #, etc.
St. Petersburg, Fla**

**City & State
33702 Pinellas**

Zip Country

4. FEI Number **65-0425871**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, DARL D
2000 N. CONGRESS AVE.
208
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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]

[Signature]

4-6-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
NAME **CAHILL, TIMOTHY D**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE #7101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **VP** ☐ Delete
NAME **O'CONNOR, CYNTHIA K**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE #7101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02

727-527-3386

Date

Daytime Phone #

CR2004/G/M