

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048658

1. Entity Name

O'MAHONEY DESIGN GROUP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90285 010 ***158.75

Principal Place of Business

675 W INDIANTOWN RD
SUITE 201
JUPITER FL 33458
US

Mailing Address

675 W INDIANTOWN RD
SUITE 201
JUPITER FL 33458-7556
US

604691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1907 Commerce Lane
Suite, Apt. #, etc.
101

3. Mailing Address

1907 Commerce Lane
Suite, Apt. #, etc.
101

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-0504085

Applied For

Not Applicable

Zip

33458

Country

PB

Zip

33458

Country

PB

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

EMILY M. O'MAHONEY
675 W INDIANTOWN RD
SUITE 201
JUPITER FL 33458

Name

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

1907 Commerce Lane
Suite 101

City

Jupiter

FL

Zip Code

33458

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

Emily M. O'Mahoney

Emily M. O'Mahoney

1/11/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	O'MAHONEY, EMILY	
STREET ADDRESS	18834 SWEET GUM COURT	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emily M. O'Mahoney

1/12/00 561 7478330

Date

Daytime Phone #

CR2E034 (9/99)