

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -2 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 94000066286  
1. Entity Name O'Riordan Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
769 KINGSTON CT.  
Suite, Apt. #, etc.  
City & State APOLLO BEACH, FL  
Zip 33572 Country USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State SAME  
Zip Country

4. FE Number 65-0533361  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name OLIVER O'Riordan  
Street Address (P.O. Box Number is Not Acceptable) 769 KINGSTON COURT  
City APOLLO BEACH FL Zip Code 33572

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] DATE 6-17-02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not stating)

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

January 1 - May 1 Fee is \$450.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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 PST  
NAME O'Riordan, OLIVER J  
STREET ADDRESS 769 KINGSTON CT  
CITY-ST-ZIP APOLLO BEACH, FL 33572

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other life empowered.

SIGNATURE: [Signature] DATE 6-17-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)