

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91148 037 \*\*\*150.00

0569291  
AV

**DOCUMENT # P94000067829**

1. Entity Name  
**O'HARE & COMPANY, INC.**



Principal Place of Business  
**46 N. WASHINGTON BLVD  
# 15 B  
SARASOTA FL 34236  
US**

Mailing Address  
**46 N. WASHINGTON BLVD  
# 15 B  
SARASOTA FL 34236  
US**



2. Principal Place of Business  
**10920 SR 70 E  
Suite, Apt. #, etc.  
SUITE 11**

3. Mailing Address  
**10920 S.R. 70 E  
Suite, Apt. #, etc.  
SUITE 11**

City & State  
**BRADENTON FL  
Zip  
34202**

City & State  
**Bradenton FL  
Zip  
34202**

4. FEI Number **65-0514696**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURTLESS, LAUREEN M  
46 N. WASHINGTON BLVD  
STE # 15 B  
SARASOTA FL 34236**

**10920 SR 70 E  
SUITE 11  
BRADENTON FL 34202**

**7. Name and Address of New Registered Agent**

Name: **Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**10920 S.R. 70 E**  
City **Bradenton FL** Zip Code **34202**

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 **Laureen M Burtless**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-29-03**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MYERS, ELIZABETH M 9938 ORTEGA LANE BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MYERS, ELIZABETH A 46 N. WASHINGTON BLVD STE 15 B SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MYERS VINCENT D 10920 SR 70 E BRADENTON FL 34202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vincent D. Myers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)