

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90005 045 \*\*\*150.00

**DOCUMENT #** P95000014209  
**1. Entity Name**  
O'BRYAN FINANCIAL SERVICES, INC

**Principal Place of Business** **Mailing Address**  
34 Fairway Drive Same  
De Bary, FL 32713

**2. Principal Place of Business** **3. Mailing Address**  
Same Same  
 Suite, Apt. #, etc.

**City & State** **Country** **Zip**  
USA  
**City & State** **Country** **Zip**  
USA

**4. FEI Number** 59-3297150  
 Applied For ☐ Not Applicable ☒

**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**

John R. O'BRYAN  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
34 Fairway Dr.  
 City De Bary FL Zip Code 32713

**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** John R. O'Bryan President 3/13/00  
 Signature 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <u>John R. O'Bryan</u> | <input type="checkbox"/> Delete |
| NAME           | <u>President</u>       |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

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

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | <u>34 Fairway Drive</u>                                                      |
| CITY-ST-ZIP    | <u>De Bary, FL 32713</u>                                                     |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| 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:** John R. O'Bryan John R. O'Bryan 3/13/00 407-668-1113  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)