

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90148 026 \*\*\*550.00

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**DOCUMENT # P95000049675**

1. Entity Name  
**O'CASEY'S IRISH CRYSTAL CO.**



Principal Place of Business  
**811 COURT ST  
CLEARWATER FL 34616**

Mailing Address  
**811 COURT ST  
CLEARWATER FL 34616**



2. Principal Place of Business  
**17269 WILD HORSE CREEK**

3. Mailing Address  
**17269 WILD HORSE CREEK RD**

Suite, Apt. #, etc.  
**140**

Suite, Apt. #, etc.  
**140**

City & State  
**CHESTERFIELD MO.**

City & State  
**CHESTERFIELD MO**

Zip  
**63005**

Country  
**USA**

Zip  
**63005**

Country  
**USA**

4. FEI Number  
**59-3324902**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAHLMAYER, JAMES C  
811 CT ST  
CLEARWATER FL**

7. Name and Address of New Registered Agent

Name  
**CHRISTOPHER J. KAHLMEYER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5364 EHRICH ROAD #1**  
City  
**TAMPA FL** Zip Code  
**33624**

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 *[Signature]*  
Signature, typed or printed (name of registered) agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE  
**6/9/03**

**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	<b>D</b> <b>KAHLMAYER, JAMES C</b> <b>1560 GULF BLVD #1001</b> <b>CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHLMAYER, JUDITH A</b> <b>1560 GULF BLVD #1001</b> <b>CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARON, KATHLEEN</b> <b>3811 HOPEWELL RD</b> <b>WENTZVILLE MO 63385</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHLMAYER, JAMES C</b> <b>664 STONEBROOK CT</b> <b>CHESTERFIELD, MO 63005</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHLMAYER, JUDITH A.</b> <b>664 STONEBROOK CT</b> <b>CHESTERFIELD, MO 63005</b>	<input checked="" 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	<b>D</b> <b>CHRISTOPHER J. KAHLMEYER</b> <b>5364 EHRICH RD. #1</b> <b>TAMPA FL 33624</b>	<input 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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/03**

Date

**636-537-5917**

Daytime Phone #

CR2E034 (10/02)