

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0160097 AV

DOCUMENT # P95000049970

1. Entity Name

O'NEILL MANAGEMENT, INC.



Principal Place of Business

5740 HOLLYWOOD BLVD. SUITE 203
HOLLYWOOD FL 33021

Mailing Address

5740 HOLLYWOOD BLVD. SUITE 203
HOLLYWOOD FL 33021

2. Principal Place of Business

1152 N. UNIVERSITY DR

3. Mailing Address

Suite, Apt. #, etc.

301

City & State

PEMBROKE PINES, FL

Zip

33024

Country

U.S.A.

City & State

Zip

Country

City

FL

Zip Code

City

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Zip Code

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0592254

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, BRYAN

5740 HOLLYWOOD BLVD, SUITE 203
HOLLYWOOD FL 33021

(New address above.)

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME O'NEILL, BRYAN
STREET ADDRESS 5740 HOLLYWOOD BLVD, SUITE 203
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)