

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90060 047 \*\*\*550.00

**DOCUMENT # P96000017779**

1. Entity Name  
**CAROL O'BRIEN, P.A.**

Principal Place of Business

~~42704 FOREST HILL BLVD~~  
~~SUITE 10A~~  
~~W.P.B. FL 33414~~

Mailing Address

~~12704 FOREST HILL BLVD~~  
~~SUITE 10A~~  
~~W.P.B. FL 33414~~

2. Principal Place of Business

**2675 COUNTRY GOLF DR.**  
 Suite, Apt. #, etc.

3. Mailing Address

**2675 COUNTRY GOLF DRIVE**  
 Suite, Apt. #, etc.

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON, FL**

4. FEI Number

**65-0645953**

Applied For

Not Applicable

Zip

**33414**

Country

**Palm Beach**

Zip

**33414**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, CAROL**  
~~5991 PINE CONE CT~~  
~~SUITE 403 G-2~~  
~~LAKEWORTH FL 33463~~

*SAME AGENT  
 WITH A DIFFERENT  
 ADDRESS*

7. Name and Address of New Registered Agent

Name

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

**2675 COUNTRY GOLF DRIVE**

City

**WELLINGTON**

FL

Zip Code

**33414**

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

*Carol O'Brien*

**CAROL O'BRIEN**

**9/5/02**

Signature, typed or printed name 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
**D**  
 NAME **O'BRIEN, CAROL**  
 STREET ADDRESS ~~5991 PINE CONE COURT, 403 G-2~~ **2675 COUNTRY GOLF DR.**  
 CITY-ST-ZIP ~~LAKE WORTH FL 33463~~ **WELLINGTON, FL 33414**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Carol O'Brien*  
**CAROL O'BRIEN**

**9/5/02**

**(561) 487-758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)