

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90132 042 ***150.00

DOCUMENT # P96000103877

1. Entity Name

O'CONNOR-WARREN, INC.

Principal Place of Business

4109 N DAVIS HWY
 PENSACOLA FL 32503

Mailing Address

4109 N DAVIS HWY
 PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3421319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O CONNOR, CLARENCE W JR
 9162 HILLBRIDGE LANE
 PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name **Clarence W. O'Connor, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
3645 Andrew Jackson Drive

City **Pace**

FL

Zip Code
32571

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

C.W. O'Connor
 Signature, typed or printed name of registered agent and fee (if applicable).

C.W. O'Connor, Jr. President

2-22-02

(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, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **O CONNOR, C W JR**
 STREET ADDRESS **9162 STILLBRIDGE LANE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VP** ☐ Delete
 NAME **O CONNOR, SARAH K**
 STREET ADDRESS **9162 STILLBRIDGE LANE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VP** ☐ Delete
 NAME **O CONNOR, KENNETH W**
 STREET ADDRESS **5180 WILLOW RUN DR**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **O'Connor, C.W. Jr.**
 STREET ADDRESS **3645 Andrew Jackson Drive**
 CITY-ST-ZIP **Pace, FL 32571**

TITLE **VP** ☒ Change ☐ Addition
 NAME **O'Connor, Sarah K.**
 STREET ADDRESS **3645 Andrew Jackson Drive**
 CITY-ST-ZIP **Pace, FL 32571**

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

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

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

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:

C.W. O'Connor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.W. O'Connor, Jr. 2-22-02

Date

Daytime Phone #

850-444-9300

CR2E034 (9/01)