

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90062 003 ***150.00

DOCUMENT # P97000005737

1. Entity Name

O'CONNOR INSURANCE GROUP INC.

Principal Place of Business

**2060 NW BOCA RATON BLVD
STE 2
BOCA RATON FL 33431
US**

Mailing Address

**1231 NW 6TH AVE.
BOCA RATON FL 33432**

2. Principal Place of Business

1231 NW 6th Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

65-0720077

Applied For

Not Applicable

Zip

Country

33432-2530 USA

Zip

Country

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

**PHILIP H. FRIEDLAND C.P.A., P.A.
1499 W PALMETTO PARK RD, SUITE 416
BOCA RATON FL 33486**

Name

Mark J O'Connor

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

1231 NW 6th Ave.

City

Boca Raton

FL

Zip Code

33432-2530

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

[Signature]

Mark J O'Connor President

DATE

4/10/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, MARK J	
STREET ADDRESS	3078 INGLEWOOD TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark J O'Connor	
STREET ADDRESS	1231 NW 6th Ave	
CITY-ST-ZIP	Boca Raton, FL 33432-2530	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (561) 417-0010

Date

Daytime Phone #

CR2E034 (10/00)