

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053867

1. Entity Name

RJL O'CONNELL, INC.

Principal Place of Business

Mailing Address

4516 CHEVAL BLVD.
LUTZ FL 33549

4516 CHEVAL BLVD.
LUTZ FL 33688-1662

2. Principal Place of Business

16207 Villarreal de Arla
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 271662
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL 33688-1662

4. FEI Number

59-3455733

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33688

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, JOE
4516 CHEVAL BLVD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name O'Connell, Joe
Street Address (P.O. Box Number is Not Acceptable)
16207 Villarreal de Arla
City Tampa FL 33613

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]

03/10/2000

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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOE	
STREET ADDRESS	4516 CHEVAL BLVD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, BRIGITTE	
STREET ADDRESS	4516 CHEVAL BLVD.	
CITY-ST-ZIP	LUTZ FL 33549	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell, Joe	
STREET ADDRESS	16207 Villarreal de Arla	
CITY-ST-ZIP	Tampa FL 33688	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell, Brigitte	
STREET ADDRESS	16207 Villarreal de Arla	
CITY-ST-ZIP	Tampa FL 33688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2000
Date Daytime Phone #

CR2E034 (9/99)