

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90014 021 \*\*\*150.00

**DOCUMENT # P98000020684**

1. Entity Name

**O'HERSCH, INC.**

Principal Place of Business  
**1220 FRIENDLY WAY SOUTH  
SAINT PETERSBURG FL 33705**

Mailing Address  
**1220 FRIENDLY WAY SOUTH  
SAINT PETERSBURG FL 33705**

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 **59-3495954**

Applied For

Not Applicable

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

**O'BRYAN, MARTHA  
1220 FRIENDLY WAY SOUTH  
SAINT PETERSBURG FL 33705**

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.

SIGNATURE

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, 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 **D** ☐ Delete  
NAME **HERSCH, JENNIFER R**  
STREET ADDRESS **9 BROOK ROAD**  
CITY-ST-ZIP **MANITOU SPRINGS CO 80829**

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

TITLE **D** ☐ Delete  
NAME **HERSCH, ERIKA I**  
STREET ADDRESS **303 C WINCHESTER STREET**  
CITY-ST-ZIP **NEWTON MA 02161**

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

TITLE **D** ☒ Delete  
NAME **O'BRYAN, SCOTT P**  
STREET ADDRESS **83 PARK TERRACE W. 3A**  
CITY-ST-ZIP **NEW YORK NY 10034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **NO LONGER WITH  
COMPANY**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **O'BRYAN, ERIN K**  
STREET ADDRESS **8 BENTON STREET**  
CITY-ST-ZIP **STONEHAM MA 02180**

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

TITLE **D** ☐ Delete  
NAME **TIERNEY, KELLY A**  
STREET ADDRESS **6 BUTTERFIELD LANE**  
CITY-ST-ZIP **WESTFORD MA 01886**

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

TITLE **D** ☐ Delete  
NAME **O'BRYAN, SEAN M**  
STREET ADDRESS **69 FERRY STREET**  
CITY-ST-ZIP **NEW HOPE PA 18938**

TITLE ☒ Change ☐ Addition  
NAME **O'Bryan Sean M**  
STREET ADDRESS **2725 Aquetong Rd.**  
CITY-ST-ZIP **New Hope, PA 18938**

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: *Kelly A. Tierney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kelly A. Tierney*

3-21-01

Date

978-392-5854

Daytime Phone #

CR2E034 (10/00)