

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90165 032 \*\*\*150.00

**DOCUMENT # P98000047419**



1. Entity Name  
**ED O'CONNOR PLASTERING, INC.**

Principal Place of Business  
**501 AMY ST  
LYNN HAVEN FL 32444**

Mailing Address  
**501 AMY ST  
LYNN HAVEN FL 32444**



2. Principal Place of Business  
**501 Amy**  
Suite, Apt. #, etc.

3. Mailing Address  
**501 Amy St.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lynn Haven, FL**  
Zip  
**32444**  
Country  
**Bay**

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**Lynn Haven, FL**  
Zip  
**32444**  
Country  
**Bay**

4. FEI Number  
**59-3523346**

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'CONNOR, EDWARD JR  
501 AMY ST  
LYNN HAVEN FL 32444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D O'CONNOR, EDWARD JR**  
☐ Delete  
**501 AMY ST**  
**LYNN HAVEN FL 32444**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**EDWARD JR O'CONNOR**  
Signature and typed or printed name of signing officer or director

**4-20-03**

Date

**850-245-0717**

Daytime Phone #

CR2E034 (10/02)