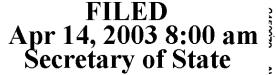
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P9800059403 **DOCUMENT#**



1. Entity Name O'RIORDAN COMPANIES, INC.				04-14-2003 90049 038 ***150.00	
Principal Place of Business 6621 N CENTRAL AVENUE TAMPA FL 33604 US		Mailing Address 6621 N CENTRAL AVENUE SUITE C TAMPA FL 33604 US			
2. Principal Place	of Business	3. Mailing Address		E SOBRIDORI ARO RELIGIO TORAN DOTAL DOTAL ODINI ODINI OKANA ISRIA OBRA BENDA RELIGIORA RELIGIORA	
Suite, Apt. #, et-	<u>C</u>	Suite, Apt. #, etc.		☐-CHECK HERE IF MAKING CHANGES	
City & State		City & State	<del></del>	4. FEI Number 59-3519704 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6.	. Name and Address of Curr	ent Registered Agent	<u>'</u>	7. Name and Address of New Registered Agent	
		•	Name		
O'RIORDAN, J	IOSEPH		Street Add	ddress (P.O. Box Number is Not Acceptable)	
6621 N CENTI	ral avenue	Sirect Address		durate (1.0. Dox Humber is that Adoubtable)	
TAMPA FL 336	504	,			
			City	FL Zip Code	
8. The above nam	ned entity submits this statemer	nt for the purpose of changing its	registered office or re	r registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations	of registered agent.			11 H 22	
SIGNATURE	1/ )II .X			U-1-10-5	
Signal Signal	ture, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signature	ure required when reinstating) DATE	
- FII F.	NOW[!! FEE IS \$150.00				
	y 1, 2003 Fee will be \$550.			9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution. Added to Fees	
Make Check Pay	yable to Florida Departmen	t of State		Added to 1 des	
10.	OFFICERS A	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
	RIORDAN, JOSEPH		NAME		
	21 N CENTRAL AVENUE MPA FL 33604		STREET ADDRESS CITY-ST-ZIP		
	VICA FL 33004			[7 p [7 saste.]	
TITLE ST	NODDAN HEATHED	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
	RIORDAN, HEATHER D2 N HIGHLAND AVE		STREET ADDRESS	, and the second	
	MPA FL 33604		CITY-ST-ZIP		

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

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

RUTTER, WILLIAM

**TAMPA FL 33612** 

2115 W SANAHA ST

☐ Delete

☐ Delete

☐ Delete

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition