

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 90558 021 \*\*\*150.00

**DOCUMENT # P98000069749**

1. Entity Name  
**O'FARRELL ENTERPRISES, INC.**

Principal Place of Business  
**712 W. MAIN ST.  
 LEESBURG FL 34748**

Mailing Address  
**712 W. MAIN ST.  
 LEESBURG FL 34748**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3970 US Hwy 301**  
 Suite, Apt. #, etc.

3. Mailing Address

**Same**  
 Suite, Apt. #, etc.

City & State

**Wildwood, FL**

City & State

4. FEI Number **59-3528020**

Applied For  
 Not Applicable

Zip

Country

**34785**

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**O'FARRELL, SHARON L  
 2629 YOUNGS ROAD  
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **Robert O'Farrell**  
 Street Address (P.O. Box Number is Not Acceptable) **2629 Youngs Road**  
 City **Leesburg** FL Zip Code **34748**

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 **Sharon L O'Farrell**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/02**  
 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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>O'FARRELL, ROBERT A</b>	
STREET ADDRESS	<b>2629 YOUNGS ROAD</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>O'FARRELL, SHARON L</b>	
STREET ADDRESS	<b>2629 YOUNGS ROAD</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 empowerments.

SIGNATURE: **Sharon L O'Farrell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02** Date  
**352-365-1717** Daytime Phone #

CR2E034 (9/01)