

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092002

Entity Name

L. O'BRIENS INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90099 029 ***150.00

Principal Place of Business
BAYOU BLVD. SUITE #8
PENSACOLA FL 32503

Mailing Address
4350 BAYOU BLVD. SUITE #8
PENSACOLA FL 32503-2689

C0038722



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4350 Bayou Blvd.
Suite, Apt. #, etc.
Suite 8
City & State
Pensacola FL
Country
32503

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Country

4. FEI Number 59-3539896
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
O'BRIEN, JAMES P
4350 BAYOU BLVD, SUITE #8
PENSACOLA FL 32503

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ZIP	TITLE	NAME
D	O'BRIEN, JAMES P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3655 CHASTINE WAY	PENSACOLA FL 32504	STREET ADDRESS	CITY-ST-ZIP
D	O'BRIEN, LORINE E	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3655 CHASTINE WAY	PENSACOLA FL 32504	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 furnished 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorine E. O'Brien RECEIVED 3-12-00 477-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)