

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90307 002 \*\*\*150.00

**DOCUMENT # P98000107315****1. Entity Name**  
**O'NEILL CHAPIN, INC.****Principal Place of Business****2699 LEE RD**  
**SUITE 320**  
**WINTER PARK FL 32789**  
**US****Mailing Address****P.O. BOX 608557**  
**ORLANDO FL 32860-8557**  
**US**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****59-3550418**Applied For  
Not Applicable

Zip

Country

Zip

Country

**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****COOPER, MARK O****P. O. Box 608557**  
**Orlando, FL 32860-8557**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2699 Lee Road****Suite 320**

City

**Winter Park****FL**Zip Code  
**32789****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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete  
**NAME** **COOPER, MARK O**  
**STREET ADDRESS** **200 E ROBINSON STREET, #865**  
**CITY-ST-ZIP** **ORLANDO FL 32801****TITLE** ☒ Change ☐ Addition  
**NAME** **P. O. Box 608557**  
**STREET ADDRESS** **Orlando, FL 32860-8557**  
**CITY-ST-ZIP****TITLE** **VP** ☐ Delete  
**NAME** **O'NEILL, JR, BERNARD C**  
**STREET ADDRESS** **200 E ROBINSON STREET, #865**  
**CITY-ST-ZIP** **ORLANDO FL 32301****TITLE** ☒ Change ☐ Addition  
**NAME** **P. O. Box 608557**  
**STREET ADDRESS** **Orlando, FL 32860-8557**  
**CITY-ST-ZIP****TITLE** **T** ☐ Delete  
**NAME** **LIEBMAN, JOHN B**  
**STREET ADDRESS** **200 E ROBINSON STREET, #865**  
**CITY-ST-ZIP** **ORLANDO FL 32801****TITLE** ☒ Change ☐ Addition  
**NAME** **P. O. Box 608557**  
**STREET ADDRESS** **Orlando, FL 32860-8557**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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 empowered.****SIGNATURE:****SIGNATURE** **MARK O COOPER** **PRESIDENT** **4/26/02** **407.647.9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)