

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90012 032 \*\*\*150.00

**DOCUMENT # P99000103877**

1. Entity Name  
**O'BRIEN - DISAPIO ARCHITECTURE, INC.**

Principal Place of Business <b>2328 MANATEE AVENUE WEST          BRADENTON FL 34209</b>	Mailing Address <b>2328 MANATEE AVENUE WEST          BRADENTON FL 34209</b>
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**643519**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2424 MANATEE AVE W</b>	3. Mailing Address <b>2424 MANATEE AVE W.</b>
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Suite, Apt. #, etc. <b>Ste 203</b>	Suite, Apt. #, etc. <b>Ste 203</b>
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City & State <b>BRADENTON FL</b>	City & State <b>BRADENTON, FL</b>
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4. FEI Number <b>65-0970414</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34205</b>	Country <b>MANATEE</b>	Zip <b>34205</b>	Country <b>MANATEE</b>
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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**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name <b>MICHAEL A. DISAPIO</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2424 MANATEE AVE. W., STE 203</b>
City <b>BRADENTON, FL</b>
State <b>FL</b>
Zip Code <b>34205</b>

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]* # **MICHAEL A. DISAPIO, VP** DATE **01/03/01**  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	O'BRIEN, J. THOMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2328 MANATEE AVENUE WEST		
CITY-ST-ZIP	BRADENTON FL 34209		
<input type="checkbox"/> Delete			
VSTD	DISAPIO, MICHAEL A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2328 MANATEE AVENUE WEST		
CITY-ST-ZIP	BRADENTON FL 34209		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]* # **MICHAEL A. DISAPIO, VP** DATE **01/03/01** DAYTIME PHONE # **941-708-0048**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)