

03-31-2002 90369 025 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G02554

1. Entity Name
 Gavin W. O'Brien, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % Gavin W. O'Brien, Esq. Suite, Apt. #, etc. 1806 Manatee Ave. West	3. Mailing Address P.O. Box 597 Suite, Apt. #, etc.
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City & State Bradenton, FL	City & State Bradenton, FL
Zip 34205-5995	Country US
Zip 34205	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2225620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name O'Brien, Gavin W., Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1806 Manatee Ave. West	
City Bradenton	State FL
Zip Code 34205	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	PST	TITLE	
NAME	O'Brien, Gavin W.	NAME	
STREET ADDRESS	1806 Manatee Ave. West	STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34205	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	O'Brien, Gavin W.	NAME	
STREET ADDRESS	1806 Manatee Ave. West	STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34205	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gavin W. O'Brien 3/15/02 941-778.
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034B (12/01)