

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91106 028 \*\*\*150.00

DOCUMENT # P98000103421

1. Entity Name  
MARK O'MEARA, INC.



Principal Place of Business  
IMG CENTER  
1360 E. 9TH ST. STE 100  
CLEVELAND OH 44114-1782

Mailing Address  
IMG CENTER  
1360 E. 9TH ST. STE 100  
CLEVELAND OH 44114-1782



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3550835

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

IN 11

TITLE PD  Delete  
NAME O'MEARA, MARK  
STREET ADDRESS 6312 DEACON CIRCLE  
CITY- ST- ZIP WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Addition

TITLE STD  Delete  
NAME O'MEARA, ALICIA  
STREET ADDRESS 6312 DEACON CIRCLE  
CITY- ST- ZIP WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Addition

TITLE AS  Delete  
NAME CARFAGNA, PETER  
STREET ADDRESS IMG CENTER, STE. 100, 1360 E. 9TH ST.  
CITY- ST- ZIP CLEVELAND OH 44114-1782

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark O'Meara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark O'Meara  
President

Date

Daytime Phone #


216-522-1200

Attachment

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CLEVELAND OH 44114-1782**

80058806

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Suite, Apt. #, etc.

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City & State

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Zip Country Zip Country

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Not Applicable

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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD O'MEARA, MARK 6312 DEACON CIRCLE WINDERMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD O'MEARA, ALICIA 6312 DEACON CIRCLE WINDERMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CARFAGNA, PETER IMG CENTER, STE. 100; 1360 E. 9TH ST. CLEVELAND OH 44114-1782</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_