## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am § DOCUMENT # F00000002191 **Secretary of State** 1. Entity Name 03-18-2002 90038 036 \*\*\*150 00 DONAHUEFAVRET CONTRACTORS, INC. Principal Place of Business Mailing Address **PO BOX 159** PO BOX 159 MANDEVILLE LA 70470 MANDEVILLE LA 70470 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 72-0862513 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME DONAHUE JR, JOHN L NAME STREET ADDRESS 1213 MAPLE RIDGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COVINGTON LA ☐ Change ☐ Addition TITLE □ Delete TITLE NAME FAVRET, ROBERT F NAME STREET ADDRESS STREET ADDRESS 4909 HARRIS AVE CITY-ST-7IP CITY-ST-ZIP METAIRIE LA --- Delete TITLE - -☐ Change ☐ Addition TITLE **VS** NAME NAME DONAHUE, MAURA W STREET ADDRESS STREET ADDRESS 123 MAPLE RIDGE WAY CITY-ST-ZIP CITY-ST-ZIP COVINGTON LA ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME **BOGANTES, DEBORAH H** STREET ADDRESS STREET ADDRESS 72335 HWY 1077 CITY-ST-ZIP CITY-ST-ZIP COVINGTON LA Change ☐ Addition ☐ Delete TITLE NAME NAME DONAHUE III, JOHN L STREET ADDRESS STREET ADDRESS 67173 LOCKE ST. CITY-ST-ZIP MANDEVILLE LA CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: