

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90058 036 ***150.00

DOCUMENT # P01000071873

1. Entity Name

LAW OFFICE OF DONNA HEARNE, P.A. ✓

Principal Place of Business

3600 S. STATE ROAD 7
 237
 MIRAMAR FL 33023

Mailing Address

3600 S. STATE ROAD 7
 237
 MIRAMAR FL 33023

2. Principal Place of Business

3600 S. State Road 7

3. Mailing Address

3600 S. State Road 7

Suite, Apt. #, etc.

Suite 37

Suite, Apt. #, etc.

Suite 37

City & State

Miramar, FL

City & State

Miramar, FL ~~33023~~

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

65-1125595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HEARNE, DONNA M

3600 S. STATE ROAD 7

237

MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Donna M. Hearne

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

3600 S. State Road 7

Suite 37

City

Miramar

FL

Zip Code

33023

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME P/T/S
 STREET ADDRESS Donna M. Hearne
 CITY-ST-ZIP 3600 S. State Road 7, Suite 37
 Miramar, FL 33023

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Donna Hearne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 954-962-0352
 Date Daytime Phone #

CR2E034 (9/01)