

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90191 016 ***150.00

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DOCUMENT # P97000075334

1. Entity Name
402 NORTH DONNELLY, INC.



Principal Place of Business
**1115 E. LIVINGSTON STREET
ORLANDO FL 32803**

Mailing Address
**1115 E. LIVINGSTON STREET
ORLANDO FL 32803**



2. Principal Place of Business

MEM.
8687 W. Tolo Bronson Hwy

3. Mailing Address

MEM.
8687 W. Tolo Bronson Hwy

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

CHECK HERE IF MAKING CHANGES

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

59-3465020

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country
34747 Orange

Zip Country
34747 Orange

6. Name and Address of Current Registered Agent

**VASON, ROBERT F JR., PA
501 EAST FIFTH AVENUE
MOUNT DORA FL 32756**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	LEARY, WILLIAM N	
STREET ADDRESS	1115 E. LIVINGSTON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FIELD, KEITH D	
STREET ADDRESS	428 N DONNELLY ST SUITE 3	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
William N. Leary

3/27/03

(407) 597-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)