


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90104 022 \*\*\*150.00

**DOCUMENT # V49348**

1. Entity Name  
**DONADIO AND ASSOCIATES, ARCHITECTS, P.A.**



Principal Place of Business  
**2125 WINDWARD WAY  
205  
VERO BEACH FL 32963  
US**

Mailing Address  
**P.O. BOX 7072  
VERO BEACH FL 32961-7072**

2. Principal Place of Business  
**2125 Windward Way  
Suite, Apt. #, etc. Suite 205  
City & State Vero Beach, FL  
Zip 32963 Country**

3. Mailing Address  
**Suite, Apt. #, etc.  
City & State  
Zip Country**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DONADIO, ANTHONY J  
2125 WINDWARD WAY  
SUITE 205  
VERO BEACH FL 32963**

**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 *Anthony J. Donadio* **ANTHONY J. DONADIO** **1/27/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST DONADIO, ANTHONY J 2125 WINDWARD WAY VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONADIO, ANTHONY J 2125 WINDWARD WAY VERO BEACH FL</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other title, or empowered.

SIGNATURE: *Anthony J. Donadio* **ANTHONY J. DONADIO** **1/27/03** **772-234-4066**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)