

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90117 023 ***150.00

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DOCUMENT # 308322

1. Entity Name

DONALD W. MCINTOSH ASSOCIATES INC



Principal Place of Business
2200 PARK AVE NORTH
WINTER PARK FL 32789-2355

Mailing Address
2200 PARK AVE NORTH
WINTER PARK FL 32789-2355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1151358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCINTOSH, DONALD W., JR.
2200 PARK AVENUE NORTH
WINTER PARK FL 32789

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCINTOSH, PATRICIA	
STREET ADDRESS	9135B SW 20TH PL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCINTOSH, DONALD W JR	
STREET ADDRESS	1350 VENETIAN WAY	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRUE, CHARLES H.	
STREET ADDRESS	613 RIDGEWOOD DR.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HATCH, JANET B	
STREET ADDRESS	1578 PINEHURST DRIVE	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

(407) 644-4068

Date

Daytime Phone #

CR2E034 (10/02)