

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90162 050 \*\*\*150.00

**DOCUMENT # 454023**

Entity Name  
**DONALD WAYNE SHUEY AND ASSOCIATES, ARCHITECTS, P**  
**A.**

Principal Place of Business  
**2300 S DIXIE HWY #201**  
**MIAMI FL 33133**

Mailing Address  
**2300 S DIXIE HWY #201**  
**MIAMI FL 33133**



Principal Place of Business  
**016 Delta Boulevard**  
 Suite, Apt. #, etc.

Mailing Address  
**2016 Delta Boulevard**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

4. FEI Number **59-1532156**

Applied For  
☐ Not Applicable

Zip  
**32303**

Country  
**Leon**

Zip  
**32303**

Country  
**Leon**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SHUEY, DONALD WAYNE**  
**15831 SOUTHWEST 97TH AVENUE**  
**MIAMI FL 33157**

## 7. Name and Address of New Registered Agent

Name  
**Shuey, Donald Wayne**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4823 Highgrove Road**

City  
**Tallahassee** **FL** Zip Code  
**32309**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHUEY, DONALD WAYNE 2300 S DIXIE HWY #201 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shuey, Donald Wayne 2016 Delta Boulevard Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: **SIGNATURE OF Donald Wayne Shuey**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02

850-386-2776

Date

Daytime Phone #

CR2E034 (9/01)