2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 507169

DONOVAN REALTY, INC.

Principal Place of Business

Mailing Address

E. GOVERNMENT ST. -- FL 32501

223 E. GOVERNMENT ST. PENSACOLA FL 32501-6018

FILED Feb 10, 2000 8:00 am Secretary of State

02-10-2000 90059 023 ***150.00



2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1680156 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOVAN, JOHN C., SR. Street Address (P.O. Box Number is Not Acceptable) 2131 BANQUOS TRAIL PENSACOLA FL 32503 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Vice-President ☐ Change **Addition** ☐ Delete TITLE DONOVAN SR, JOHN C Martin J. Donovan NAME NAME STREET ADDRESS 2131 BANQUOS TRAIL 4005 Aiken Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 00000 Pensacola, F1 32503 ☐ Change Addition ☐ Delete TITLE DOVOVAN, JOHN C JR NAME STREET ADDRESS 2131 BANQUOS TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 00000 PST-- -- ~ · · · ____Change _____Addition TITLE . Delete Title F DONOVAN, MARY E NAME NAME STREET ADDRESS 2131 BANQUOS TRAIL STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-ZIP ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustegempowered 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 a

SIGNATURE:

Donovan Sr., Director 2/4/00 850-342-6104 Date

Daytime Phone #