

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90077 002 \*\*\*150.00

**DOCUMENT # 541729**

1. Entity Name  
**JAMES D. O'DONNELL, ATTORNEY AT LAW, P.A.**



Principal Place of Business  
**1648 OSCEOLA ST  
JACKSONVILLE FL 32204**

Mailing Address  
**1648 OSCEOLA ST  
JACKSONVILLE FL 32204**

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 **59-1756464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'DONNELL, JAMES D.  
1648 OSCEOLA ST.  
JACKSONVILLE FL 32204**

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 \$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 **PDS** ☐ Delete  
NAME **O'DONNELL, JAMES D**  
STREET ADDRESS **1648 OSCEOLA ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 3-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment*

80062299

O'DONNELL & GROSSE  
ATTORNEYS AT LAW  
1648 OSCEOLA STREET  
JACKSONVILLE, FLORIDA 32204  
(904) 387-4963  
TELECOPIER (904) 384-7329

JAMES D. O'DONNELL  
RENEE D. GROSSE

LEE MARINELLI \*  
OF COUNSEL  
\* ADMITTED IN WASHINGTON D.C.  
VIRGINIA & TENNESSEE ONLY

March 21, 2003

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report  
FEI #59-1756464  
James D. O'Donnell, Attorney At Law, P.A.  
Document No. 541729

Dear Sir/Madam:

Enclosed please find our check #10117 in the amount of \$150.00 for the filing fee for the 2003 Uniform Business Report for James D. O'Donnell, Attorney At Law, P.A., FEI #59-1756464.

Sincerely,

*Mary Anne Poarch*

for James D. O'Donnell

JOD:map

Enclosures

CERTIFIED MAIL #7001 2510 0007 2129 5864

corplawfirm