

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 551635

1. Entity Name

ROBERT DONOVAN CONSTRUCTION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90095 037 ***150.00

Principal Place of Business

Mailing Address

939 HARRELSON ST
FT WALTON BEACH FL 32547
US

939 HARRELSON ST
FT WALTON BEACH FL 32547-2525
US

2. Principal Place of Business

3. Mailing Address

309 Country Club Rd

309 Country Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Shalimar FLA

Shalimar FL

City & State
32579 USA

City & State
32579 USA

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1815221 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

DONOVAN, ROBERT D
168 COUNTRY CLUB ROAD
SHALIMAR FL 32579

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/00
DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRA
NAME DONOVAN, ROBERT D
STREET ADDRESS 168 COUNTRY CLUB ROAD
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE VPST
NAME MONSEES, JAMES D
STREET ADDRESS 939 HARRELSON ST
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00 800 830 9645
Date Daytime Phone #