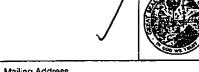
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

676122 **DOCUMENT #**

1. Entity Name DONALD F. HARRINGTON, ESQ., P.A.



	FIL	ED	
Feb 2	21, 200	03 8:	00 am
	retary		
	1 2002 0017		

02-21-2003 90172 003 ***150.00

UUUUWUZU

Principal Place of Business 1517 DELGADO AVENUE C/O DONALD F. HARRINGTON CORAL GABLES FL 33146 2. Principal Place of Business		1517 DELGADO AVENUE C/O DONALD F. HARRINGTON CORAL GABLES FL 33146 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 59-2014394 Applied For Not Applied For			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 / Fee Requ	Additional	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Re	gistered Agent		-
		Na	Name					
HARRINGT	'ON, DONALD F.		Stre	Street Address (P.O. Box Number is Not Acceptable)				
1517 DELG	GADO AVENUE	•						
CORAL GA	NBLES FL 33148						Ì	
			City			FL Zip C		
the ebligati	named entity submits this statement to ions of registered agent.	r the purpose of changing its re	egistered offi	ce or registered ag	ent, or both, in the State of Flori	da. I am familiar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. {NOTE:	Registered Agent	signature required when r	einstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State	-		Election Campaign Fina Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND	DIRECTORS	11.	AC	ODITIONS/CHANGES TO OFFIC			ন
NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, DONALD F. 1517 DELGADO AVE. CORAL GABLES FL	☐ Delete .	TITLE NAME STREET ADDI CITY-ST-ZIP			☐ Chang	ge Addition	CR2E034 (10/02)
TITLE NAME	PST HARRINGTON, DONALD F. 1517 DELGADO AVE. CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDI	· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge Addition	CRZ
TITLE		Delete	TITLE NAME			Chang	ge Addition	_
STREET ADDRESS CITY-ST-ZIP			STREET AODI CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	,		☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	RESS		☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-SY-ZIP		Delete	NAME STREET ADDR CITY-ST-ZIP	<u>'i</u>	110 07/3Vi) Florida Statulas II	Chang		

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 or 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: _

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