

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004508

1. Entity Name
DONAHUE LAW, P.A.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90014 003 ***150.00

Principal Place of Business

Mailing Address

143 WEST ST.
KEENE NH 03431

143 WEST ST.
KEENE NH 03431

704048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

172 WEST STREET

172 WEST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEENE, NH

City & State

KEENE, NH

Zip

Country

03431

Zip

Country

03431

4. FEI Number 02-0474980

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

JOHNSON, KATHRYN B
1122 OLD DIXIE HWY
SUITE 4-B
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

1962 26TH AVENUE

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)

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, 2001 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
NAME CP
DONAHUE, CHARLES A
STREET ADDRESS 143 WEST ST.
CITY-ST-ZIP KEENE NH 03431 ☐ Delete

TITLE
NAME
STREET ADDRESS 172 WEST STREET ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME S
HILDRETH, THOMAS W
STREET ADDRESS 143 WEST ST.
CITY-ST-ZIP KEENE NH 03431 ☐ Delete

TITLE
NAME
STREET ADDRESS 172 WEST STREET ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Charles A Donahue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 602-257-2362
Date Daytime Phone #

CR2E034 (10/00)