2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31436 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** JAMES M. DONOHOE, JR., P.A. 01-18-2000 90098 035 ***150.00 Mailing Address Principal Place of Business % JAMES M. DONOHOE. JR. % JAMES M. DONOHOE, JR. 20 SOUTH MAIN ST. 20 SOUTH MAIN ST. GAINESVILLE FL 32601 GAINESVILLE FL 32601-6215 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number Cíty & State 59-2465309 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONOHOE, JAMES M., JR. Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH MAIN ST. **GAINESVILLE FL 32601** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition **PSC** Delete TITLE TITLE DONOHOE, JAMES M., JR. NAME NAME STREET ADDRESS STREET ADDRESS 20 SOUTH MAIN ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME 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-7/P ☐ Change ☐ Addition TITLE □ Delete NAME NAME 事 医酚物 第二分码 STREET ADDRESS STREET ADDRESS 1 1 1 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

as President Jan. 8,2000