FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 4

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # H72737** 1. Entity Name DONALD J. CAMPAGNA & ASSOCIATES, CPA, P.A. 04-10-2001 90086 031 \*\*\*150.00 Principal Place of Business Mailing Address 6971 N. FEDERAL HIGHWAY ≱101 -6971 N. PEDERAL HIGHWAY #101 BOGA RATON FL-32487 BOGA-RATON FL 33487> ^UU**JD4**\_UU 2. Principal Place of Business 3. Mailing Address 2424 NIFEDERA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2584292 aton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPAGNA, DONALD J. Street Address (P.O. Box Number is Not Acceptable) 2 Y ≥ Y <del>2024</del> N. FEDERAL HIGHWAY #1<del>01</del> ケレ **BOCA RATON FL 33431** City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CAMPAGNA, DONALD J. NAME 6971 N. FEDERAL HIGHWAY 2424N. Fe donau STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 protection of the corporation of the received of the corporation of the received of the corporation of the corporation of the received of the corporation of the corporation of the received of the corporation of the corporation of the received of the corporation of the received of the corporation of the received of the corporation of the corporation of the received of the corporation of the received of the corporation of