Change

☐ Addition

## 2002 UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

## Feb 01, 2002 8:00 am K23633 DOCUMENT # **Secretary of State** Entity Name 02-01-2002 90038 027 \*\*\*150.00 DOINA HARRINGTON, P.A. Principal Place of Business Mailing Address 223 ATLANTIC AVE 223 ATLANTIC AVE #4A #4A PALM BEACH FL 33480 PALM BEACH FL 33480 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0047617 Not Applicable Zip Country 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 Name HARRINGTON, DOINA HORNEA Street Address (P.O. Box Number is Not Acceptable) 223 ATLANTIC AVE., #4A PALM BEACH FL 33480 City Zip Code FL 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. 1 ... 11.2 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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. 12. (10/6) TITLE ☐ Delete TITLE ☐ Change Addition HARRINGTON, DOINA HORNEA NAME NAME 223 ATLANTIC AVE., #4A STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

EDOINA H. Hakington 1-16-02 (561) 833-SIGNATURE: