

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90280 047 ***150.00

DOCUMENT # M40393

1. Entity Name

DAVID E. HARRIGAN & ASSOCIATES, INC.

Principal Place of Business

1350 S. POWERLINE RD.
POMPANO BEACH FL 33069
US

Mailing Address

1350 S POWERLINE RD.
#107
POMPANO BEACH FL 33069
US

2. Principal Place of Business

1802 N. Riverside Drive
Suite, Apt. #, etc.

3. Mailing Address

PO Box 801
Suite, Apt. #, etc.

City & State

Pompano Beach, FL 33062

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

Zip

33061

Country

Broward

4. FEI Number

59-2739024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIGAN, DAVID E.
1350 S. POWERLINE ROAD
SUITE 107
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

David E. Harrigan

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

1802 North Riverside Drive

City

Pompano Beach

FL

Zip Code

33062

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIGAN, DAVID E. 3200 NE ST. APT. 508 FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIGAN, DAVID 1802 NORTH RIVERSIDE DR POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Harrigan

Date

Daytime Phone #

(954) 972-2222

CR2E034 (10/00)