

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019923

1. Entity Name

W.A. MACDONALD ASSOCIATES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90008 025 ***150.00

Principal Place of Business

443 SOUTHEAST EVERGREEN TERRACE
PORT ST. LUCIE FL 34983

Mailing Address

POST OFFICE BOX 1697
JENSEN BEACH FL 34958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0985017

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name William Mac Donald
Street Address (P.O. Box Number is Not Acceptable)

443 SE. Evergreen Terr.

City Port St Lucie FL Zip Code 34983

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 Mary Jane Macdonald MARY JANE MACDONALD PRES. 4-2-01
Signature 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 ☐ Delete
NAME PTD
STREET ADDRESS MACDONALD, MARY J
CITY-ST-ZIP 443 SOUTHEAST EVERGREEN TERRACE
PORT ST. LUCIE FL 34983

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

TITLE ☐ Delete
NAME SVD
STREET ADDRESS MACDONALD, WILLIAM
CITY-ST-ZIP 443 SOUTHEAST EVERGREEN TERRACE
PORT ST. LUCIE FL 34983

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 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: Mary Jane Macdonald MARY JANE MACDONALD 4-2-01 334-0963
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0602597

CR2E034 (10/00)