

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90127 042 \*\*\*150.00

**DOCUMENT # P00000040464**

**1. Entity Name**  
**DONNELLY CONSULTING, INC.**



**Principal Place of Business**  
**4300 BAYOU BOULEVARD**  
**SUITE #35**  
**PENSACOLA FL 32503**

**Mailing Address**  
**4300 BAYOU BOULEVARD**  
**SUITE #35**  
**PENSACOLA FL 32503**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**2775 Muirfield Drive**

**3. Mailing Address**

**2775 Muirfield Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Navarre FL**

**City & State**

**Navarre FL**

**4. FEI Number**

**59-3641127**

**Applied For**

**Not Applicable**

**Zip**

**32566-8842**

**Country**

**USA**

**Zip**

**32566 8842**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name**

**Leo J. Donnelly Jr.**

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

**2775 Muirfield Drive**

**City**

**Navarre**

**FL**

**Zip Code**

**32566-8842**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Leo J. Donnelly Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**22 Jan 03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PSTD** ☐ Delete  
**NAME** **DONNELLY, LEO J JR.**  
**STREET ADDRESS** **4300 BAYOU BOULEVARD, SUITE 35**  
**CITY-ST-ZIP** **PENSACOLA FL 32503**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☒ Change ☐ Addition  
**NAME** **Donnelly Leo J. Jr.**  
**STREET ADDRESS** **2775 Muirfield Drive**  
**CITY-ST-ZIP** **Navarre, FL 32566-8842**

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**Leo J. Donnelly Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**23 Jan 03**

CR2E034 (10/02)