

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90368 029 \*\*\*150.00

**DOCUMENT # P00000052189**

1. Entity Name  
**JON MACDONOUGH, INC.**

Principal Place of Business  
**6758 BUCKINGHAM CT  
NAPLES FL 34104**

Mailing Address  
**6758 BUCKINGHAM CT  
NAPLES FL 34104**

2. Principal Place of Business  
**2152 Harlan Run**

3. Mailing Address  
**P.O. Box 110151**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number  
**59-3451225**

Applied For  
☐ Not Applicable

Zip  
**34105**

Country  
**U.S.**

Zip  
**34108**

Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MACDONOUGH, JON  
6758 BUCKINGHAM CT  
NAPLES FL 34104**

## 7. Name and Address of New Registered Agent

Name **Mac Donough, Jon**

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

**2152 Harlan Run**

City **Naples**

**FL**

Zip Code  
**34105**

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, 2002 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	<b>PVST MACDONOUGH, JON 6758 BUCKINGHAM CT NAPLES FL 34104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACDONOUGH, JON 6758 BUCKINGHAM CT NAPLES FL 34104</b> <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	<b>Mac Donough, Jon 2152 Harlan Run Naples FL 34105</b> <input checked="" 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jon MacDonough Pres. 3/18/02 239-404-4099**

Date

Daytime Phone #

0498798 AV

CR2E034 (9/01)