FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90806 043 ***550.00

DOCUMENT # P01000073288

1. Entity Name
Law Office of Kennetha Lynn Donohue, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2709 Swamp Cabbage Ct.	P.O. Box 1350
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.:
City & State: Ft. Myers, FL	City & State: LaBelle, FL
Zip: 33901 Country: USA	Zip: 33975 Country: USA

4. FEI Number: 65-1128057 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Kennetha Donohue
Street Address (P.O. Box Number Not Acceptable): 2709 Swamp Cabbage Ct. Suite 107
City: Ft. Myers, FL Zip Code: 33975

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: Kennetha Lynn Donohue
Registered Agent (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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE:	
NAME:	
STREET ADDRESS:	Owner/Professional
CITY-ST-ZIP:	Kennetha Lynn Donohue 2709 Swamp Cabbage Ct #107 Ft. Myers, FL 33901
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Kennetha Lynn Donohue | Kennetha Lynn Donohue 6/10/02 863-612-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #