

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91049 038 \*\*\*150.00

DOCUMENT # P93000013884

1. Entity Name  
CHARTERED LAW OFFICES OF JAMES V. DOLAN



Principal Place of Business  
1132 SE 2ND AVE  
FORT LAUDERDALE FL 33316

Mailing Address  
1132 SE 2ND AVE  
FORT LAUDERDALE FL 33316



2. Principal Place of Business

405 Douglas Ave

3. Mailing Address

405 Douglas Ave.

Suite, Apt. #, etc.

2105

Suite, Apt. #, etc.

2105

City & State

Altamonte Springs

City & State

Altamonte Springs

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0392460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, JAMES V

1132 SE 2ND AVE

FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

James V. Dolan

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

405 Douglas Ave. suite 2105

Altamonte Springs

City

FL

Zip Code

32714

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 *James V. Dolan*

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

(NOTE: Registered Agent signature required when reinstating)

3-17-03

DATE

**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	T	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, ILEANA N	
STREET ADDRESS	1132 SE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOLAN, JAMES V	
STREET ADDRESS	1132 SE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James V. Dolan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-868-7400

CR2E034 (10/02)