

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050114

1. Entity Name

MARYANN DONAGHY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90067 034 ***150.00

Principal Place of Business

Mailing Address

3850 EAST OCEAN DR
FT LAUDERDALE FL 33308

3850 EAST OCEAN DR
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

3850 EAST OCEAN DR.

3850 EAST OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#707

#707

City & State

City & State

FT LAUDERDALE

FT LAUDERDALE

Zip

Country

33308

BROWARD

33308

BROWARD

4. FEI Number

65-0419852

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

DONAGHY, MARYANN
3850 EAST OCEAN DR
FT LAUDERDALE FL 33308

Name

SAME

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

3850 EAST OCEAN DR

City

FT LAUDERDALE

FL

Zip Code

33308

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, 2000 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 PD ☐ Delete
NAME DONAGHY, MARYANN
STREET ADDRESS 3850 EAST OCEAN DR
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 3850 EAST OCEAN DR # 707
CITY-ST-ZIP FT. LAUDERDALE 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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CITY-ST-ZIP

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 Ann Donaghy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2000 954-566-5623
Date Daytime Phone #

CR2E034 (9/99)