

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011962

1. Entity Name

Charles E. Driscoll, Inc. ✓

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90087 048 ***150.00

Principal Place of Business

Mailing Address

13692 Orange Blvd
West Palm Beach, FL 33412

(Same)

00049002

2. Principal Place of Business

3. Mailing Address

13692 Orange Blvd

13692 Orange Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

W. Palm Bch FL

West Palm Beach FL

Zip

Country

Zip

Country

33412

USA

33412

USA

4. FEI Number

Applied For

65-0755330

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

Trudi R. Driscoll

Name

13692 Orange Blvd

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

West Palm Beach, FL, 33412

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 Owner/President ☐ Delete
NAME Charles E. Driscoll
STREET ADDRESS 13692 Orange Blvd
CITY-ST-ZIP W. Palm Bch, FL 33412TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Sec ☐ Delete
NAME Trudi R. Driscoll
STREET ADDRESS 13692 Orange Blvd
CITY-ST-ZIP W. Palm Bch FL 33412TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2001

Date

561-795-1327

Daytime Phone #

CR2E034 (11/00)