

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90208 023 \*\*\*150.00

**DOCUMENT # P95000023695**

1. Entity Name  
**DONLEY & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**362C SOUTH GRANT ST.**      **362C SOUTH GRANT ST.**  
**LONGWOOD FL 32750**      **LONGWOOD FL 32750-5330**

2. Principal Place of Business      3. Mailing Address  
**420 E.S.R. 434**      **420 E.S.R. 434**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE "F"**      **SUITE "F"**

City & State      City & State  
**LONGWOOD, FL**      **LONGWOOD, FL**

Zip      Country      Zip      Country  
**32750**      **USA**      **32750**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3304714**       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**

**DONLEY, WILLIAM D**  
**309 DORNOCH COURT**  
**WINTER SPRINGS FL 32708**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *William D. Donley*      DATE 4/27/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DONLEY, WILLIAM D</b> <b>309 DORNOCH CT.</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DONLEY, MARNIE J.</b> <b>309 DORNOCH CT.</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ORLANDO, SALVATORE J</b> <b>721 ROCK CREEK LOOP</b> <b>LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *William D. Donley*      **William D. Donley**      DATE 4/27/00      DAYTIME PHONE # (407) 260-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)