

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000049272**

1. Entity Name:

MICHAEL & MARIA DOMINGOES, P.A.**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91176 021 ***150.00

A0071381

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1081 A1A BEACH BLVD
ST AUGUSTINE BEACH FL 32084****1081 A1A BEACH BLVD
ST AUGUSTINE BEACH FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3322886**

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****O'CONNELL, W.H.
2200 N PONCE DE LEON BLVD
STE 10
ST AUGUSTINE FL 32084**

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

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!!
After MAY 1, 2001
Make Check Payable to Department of State****FEE IS \$150.00****Fee will be \$550.00**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	D	<input type="checkbox"/> Delete
NAME	DOMINGOES, MICHAEL W	
STREET ADDRESS	504 HOOT OWL COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGOES, MARIA A	
STREET ADDRESS	504 HOOT OWL COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OF DIRECTOR

4/30/01
Date

Daytime Phone #

CR2E034 (10/00)