

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90302 018 ***150.00

0061135 AV

DOCUMENT # P95000074396

1. Entity Name

THE O'DONOVAN COMPANY

Principal Place of Business

**301 S ADAMS STREET
 PENSACOLA FL 32501**

Mailing Address

**301 S ADAMS STREET
 PENSACOLA FL 32501**

2. Principal Place of Business

557 Aragon Street

Suite, Apt. #, etc.

3. Mailing Address

557 Aragon Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

Escambia

City & State

Pensacola, FL

Zip

32501

Country

Escambia

4. FEI Number

59-3342082

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'DONOVAN, MICHAEL
 24 HARBOURTOWN VILLAGE
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name

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

557 Aragon Street

City

Pensacola

FL

Zip Code

32501

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, 2002 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

TITLE **P** ☐ Delete
 NAME **O'DONOVAN, MICHAEL**
 STREET ADDRESS **301 S ADAMS STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **O'Donovan, michael**
 STREET ADDRESS **557 Aragon Street**
 CITY-ST-ZIP **Pensacola FL 32501**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Michael O'Donovan) 4/10/02 850-439-1931

Date

Daytime Phone #

CR2E034 (9/01)