

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90039 001 ***150.00

DOCUMENT # P96000011679

1. Entity Name

BEA DONOVAN, INC. ✓

Principal Place of Business

100 ROYAL PALM WAY
 105
 BOCA RATON FL 33432
 US

Mailing Address

100 ROYAL PALM WAY
 105
 BOCA RATON FL 33432-8752
 US

2. Principal Place of Business

19 ABBEY LN

Suite, Apt. #, etc.

208

City & State

DELRAY BEACH FL

Zip

33446

Country

FLA BCH

3. Mailing Address

19 ABBEY LN

Suite, Apt. #, etc.

208

City & State

DELRAY BEACH FL

Zip

33446

Country

FLA BCH

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0647131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, BEATRICE
 100 ROYAL PALM WAY
 #105
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

DONOVAN, BEATRICE

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

19 ABBEY LN #208

City

DELRAY BEACH

FL

Zip Code

33446

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

TITLE PSTD
 NAME DONOVAN, BEATRICE
 STREET ADDRESS 100 ROYAL PALM WAY #105
 CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME
 NAME SAME ☒ Change ☐ Addition
 STREET ADDRESS 19 ABBEY LN #208
 CITY-ST-ZIP DELRAY BEACH FL 33446

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

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

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

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

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

Beatrice Donovan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-2000 561-392-8860

CR2E034 (9/99)