

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91407 005 ***150.00

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DOCUMENT # P97000058638

1. Entity Name
THE JOHN P. FUREY COMPANY



Principal Place of Business
**500 NE SPANISH RIVER BLVD
SUITE 105B
BOCA RATON FL 33431
US**

Mailing Address
**500 NE SPANISH RIVER BLVD
SUITE 105B
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0765623**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELBERBAUM, RICK S
1200 N FEDERAL HWY STE 320
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FUREY, JOHN P JR	
STREET ADDRESS	243 NE 26TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FUREY, MARY JO A	
STREET ADDRESS	243 NE 26TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'AMICO, ROBERT J	
STREET ADDRESS	146 IRVINGTON AVE	
CITY-ST-ZIP	WATERBURY CT 06708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'Amico, Robert J.	
STREET ADDRESS	146 Irvington Ave	
CITY-ST-ZIP	Waterbury, Ct 06708	
TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather M. Furey	
STREET ADDRESS	1675 NW 4th Ave #318	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 (561) 338-3318
Date Daytime Phone #

CR2E034 (10/02)