

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072914

1. Entity Name  
KAVANAUGH & COMPANY, INC.



Principal Place of Business  
P.O. BOX 1645  
DUNEDIN FL 34697-1645

Mailing Address  
P.O. BOX 1645  
DUNEDIN FL 34697-1645

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 52-2116172

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

KAVANAUGH, ELYSE  
1831 OAK CREEK DRIVE  
DUNEDIN FL 34698

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	T	<input type="checkbox"/> Delete
NAME	KAVANAUGH, ELYSE	
STREET ADDRESS	P O BOX 2254	
CITY-ST-ZIP	DUNEDIN FL 33697-1645-2354	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAVANAUGH, EVAN	
STREET ADDRESS	P O BOX 2354	
CITY-ST-ZIP	DUNEDIN FL 33697-1645 2354	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAVANAUGH, ALICE	
STREET ADDRESS	PO BOX 2354	
CITY-ST-ZIP	DUNEDIN FL 34697-2354	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elyse Kavanagh	
STREET ADDRESS	PO Box 2354	
CITY-ST-ZIP	DUNEDIN FL 34697-2354	
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		<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:

*Elyse Kavanagh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

727-712-8227

Daytime Phone #

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90318 027 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)