

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90139 008 ***150.00

DOCUMENT # S74059

1. Entity Name

DONAHUE & ASSOCIATES, INC.



Principal Place of Business

**2559 ER PAULSTAN COURT
SARASOTA FL 34237
US**

Mailing Address

**2559 E PAULSTAN COURT
SARASOTA FL 34237
US**

2. Principal Place of Business

2553 E. Paulstan Ct.

3. Mailing Address

2553 E. Paulstan Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
65-0276189

Applied For

Not Applicable

Zip
34231

Country
Sarasota

Zip
34231

Country
Sarasota

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

**DONAHUE, PATTI
2559 E PAULSTAN CT
SARASOTA FL 34237**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONAHUE, PATRICIA
2559 E PAULSTAN CT
SARASOTA FL 34231** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2553 E. Paulstan Ct. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Donahue 4/1/04 941 955-9109

CR2E034 (10/02)