

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15451

1. Entity Name
DON MCINTOSH & ASSOCIATES, INC.FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90024 007 ***150.00

0160747 AV

Principal Place of Business

701 PROMENADE DRIVE
STE 210
PEMBROKE PINES FL 33026
US

Mailing Address

1411 NW 179 AVE
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

9900 STIRLING ROAD

3. Mailing Address

Suite, Apt. #, etc.

222

City & State

COOPER CITY, FL

Zip

33024

Country

BROWARD

City & State

1

Zip

33029

Country

FL

Zip Code

33029

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0316751

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTOSH, DONALD JR
1411 NW 179 AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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.

SIGNATURE *Donald McIntosh Jr.*

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME MCINTOSH, DONALD JR
STREET ADDRESS 1411 NW 179 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

954-430-7722

Daytime Phone #

CP2E034 (9/01)