

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16148

1. Entity Name

DONOVAN & BORDELEAU, P.A. CERTIFIED PUBLIC-ACCOU

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90007 044 ***150.00

Principal Place of Business

3221 GROVE RD
PALM BCH GARDENS FL 33410
US

Mailing Address

3221 GROVE RD
PALM BCH GARDENS FL 33410
US

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 65-0314902

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

BORDELEAU, KATHLEEN A.
3330 PINE HILL TRAIL
PALM BCH GARDENS FL 33418

Name

Michael R. Donovan

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

3221 Grove Road

City

Palm Beach Gardens

FL

Zip Code

33410

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

Michael R. Donovan

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3/29/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DONOVAN, MICHAEL R.
STREET ADDRESS 3221 GROVE RD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE SD
NAME BORDELEAU, KATHLEEN A.
STREET ADDRESS 3330 PINE HILL TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

3/29/01

Date

625-66449

Daytime Phone #

CR2E034 (10/00)