## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE: \_

ith all other like empowered.

## **DOCUMENT # 634915** May 01, 2000 8:00 am Secretary of State 1. Entity Name DONOVAN INDUSTRIES, INC. 05-01-2000 90405 035 \*\*\*150.00 Principal Place of Business Mailing Address 13401 MCCORMICK DRIVE 13401 MCCORMICK DR TAMPA FL 33626-3061 TAMPA FL 33626 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2006502 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 10210 LAKE GROVE DR 8805 Roberts Rd Street Address (P.O. Box Number is Not Acceptable) odersa Fl 33556 ODESSA FL 33556 TRUS MOSEROSCH 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change ☐ Addition TITLE Delete DONOVAN, JAMES A. MAME NAME STREET ADDRESS 13401 MCCORMICK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition ☐ Delete TITLE TITLE DONOVAN, BRUCE A. NAME NAME 13401 MCCORMICK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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