

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

061006
AV

04-03-2003 90112 029 ***150.00

DOCUMENT # V44263



1. Entity Name
DONNA LYNN ENTERPRISES, INC.

Principal Place of Business
**2197 S.E. OCEAN BLVD.
STUART FL 34996**

Mailing Address
**2197 S.E. OCEAN BLVD.
STUART FL 34996**



2. Principal Place of Business
2171 SE OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address
2171 SE. OCEAN BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number **65-0369542**

Applied For
Not Applicable

Zip Country
34996

Zip Country
34996

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

**BLANK, LLOYD
3 CEANN COURT
PALM BEACH GARDENS FL 33418**

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 _____ 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
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	P	<input type="checkbox"/> Delete
NAME	BLANK, LLOYD	
STREET ADDRESS	3 CEANN COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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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: **Signature Required Lloyd Blank** 4/1/03 772-286-2812
Date Daytime Phone #

CR2E034 (10/02)