

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90009 043 ***150.00

DOCUMENT # 605574

1. Entity Name
DONNA JEAN REALTY, INC.

Principal Place of Business 1001 E. BAKER ST., COURTYARD SQ #201 PLANT CITY FL 33566	Mailing Address 707 N. COLLINS ST. PLANT CITY FL 33566
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2. Principal Place of Business 707 N. Collins St. Suite, Apt. #, etc.	3. Mailing Address 707 N. Collins St. Suite, Apt. #, etc.
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City & State Plant City, FL.	City & State Plant City, FL.
Zip 33566	Zip 33566
Country Hillsborough	Country Hillsborough

6. Name and Address of Current Registered Agent

**CROCKER, DONNA JEAN
 1001 E. BAKER ST., COURTYARD SQ. #201
 PLANT CITY FL 33566**

4. FEI Number **59-1874384**

Applied For
☐ Not Applicable

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

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 *Donna Jean Crocker* **DONNA JEAN CROCKER, President** **01/02/01**
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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PD CROCKER, DONNA JEAN 1001 EAST BAKER ST #201 PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROCKER, DONNA JEAN 1001 EAST BAKER ST #201 PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Donna Jean Crocker* **DONNA JEAN CROCKER** **01/02/01** **813-752-4137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)