2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # 605574 1. Entity Name							Jan 15, 2002 8:00 am Secretary of State				
DONNA JEAN REALTY, INC.							01-15-2002 9	•			
Principal Place of Business Mailing Address 707 N COLLINS ST 707 N COLLINS PLANT CITY FL 33566 PLANT CITY FL				JINS ST			1 186118 21:11 2010 1 611 2 1 211:1 18 2 1:	018: 018:: 6:4	21211 E1611 ((1911 B.1811 1881	
2. Principal F	Place of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP.	ACE		
City & Sta		City & State	& State			4. FEI Number 59-1874384 Applied For					
Zip	Zip Country		Zip Count		try	5. Certificate of Status Desired See Required Fee Required				ditional	
	6. Name	and Address of Current R	egistered Agent	L		7.	Name and Address of New Reg				
CROCKER, DONNA JEAN					Name 5 Cambo Street Address (P.O. Box Number is Not Acceptable) /						
1001 E. BAKER ST., COURTYARD SQ. #201 PLANT CITY FL 33566					707	<u>N</u>	Collins 57	<u>+.</u>			
4 ′					Plan	- (1)	tu	FL	Zio Code	66	
8. The above	e named entity Siglature, typed o	as Jean	Crocker &	res			gent, or both, in the State of Florid reinstating)	19/02 DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fo Make Check Payable to					will be \$550.00		10. Election Campaign Finan Trust Fund Contribution.	cing		0 May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.	<u> </u>	Αſ	DDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCKER, 1001 EAST PLANT CIT	DONNA JEAN BAKER ST #201	☐ Delete						☐ Change	☐ Addition	
TITLE NAME	ST	DONNA JEAN	☐ Delete	: TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		BAKER ST #201		STRE	ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete		E ET ADDRESS] Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE NAMI	:] Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· - ;	•	☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete		ET ADDRESS] Change	☐ Addition	
13. I hereby of indicated	on this report	or supplemental report is tr	ue and accurate and that n	the exer	ure shall have the	e same	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat ida Statutes; and that my name a	h: that Lam	an officer	or director	

W. Donna Sean Crocker Les 1/8/02 813-752-4/157

IG OFFICER OR DIRECTOR

Daytime Phone #