

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-08-2001 90009 044 ***150.00

DOCUMENT # 605645

1. Entity Name
DONNA JEAN CORPORATION

Principal Place of Business

Mailing Address

1001 E BAKER ST
 COURTYARD SQ STE 201
 PLANT CITY FL 33566
 US

707 N CALLINS ST
 PLANT CITY FL 33566-3700
 US

2. Principal Place of Business

3. Mailing Address

707 N. Collins
 Suite, Apt. #, etc.

707 N. Collins
 Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Plant City, FL

Zip

Country

Zip

Country

33566 Hillsborough

33566 Hillsborough

4. FEI Number **59-1874441**

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

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

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, President*

01/02/00
 DATE

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

TITLE **PST** ☐ Delete
 NAME **CROCKER, DONNA JEAN**
 STREET ADDRESS **1001 EAST BAKER ST**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Date Daytime Phone #

CR2E034 (10/00)