

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90067 049 ***550.00

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1. Entity Name
MISTER DONUT OF AMERICA, INC.



Principal Place of Business
**14 PACELLA PARK DR.
P.O. BOX 317
RANDOLPH MA 02368**

Mailing Address
**14 PACELLA PARK DR.
P.O. BOX 317
RANDOLPH MA 02368**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2192255**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 ☒ Delete
NAME **D**
STREET ADDRESS **RUSSO, STEPHEN**
CITY-ST-ZIP **5 TIMBERLAND DR
LINCOLN RI**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **RUSSELL, WILL**
CITY-ST-ZIP **28 LOWART DRIVE
NEEDHAM, MA 02194**

TITLE ☐ Delete
NAME **CVPD**
STREET ADDRESS **LEECH, PAUL**
CITY-ST-ZIP **100 POND ST
COHASSET MA 02025**

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

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **HORN, STEPHEN**
CITY-ST-ZIP **8113 RAYBURN RD
BETHESDA MD 20817**

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

TITLE ☒ Delete
NAME **CEO**
STREET ADDRESS **SHAFFER, JOHN D JR**
CITY-ST-ZIP **29 REYNOLDS WAY
DUXBURY MA 02332**

TITLE ☒ Change ☐ Addition
NAME **CEO**
STREET ADDRESS **LUTHER, JON**
CITY-ST-ZIP **450 CONWAY MANOR DR, NW
ATLANTA, GA 30327**

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **WILSON, JENNIE**
CITY-ST-ZIP **382 MOUNT BLUE STREET
NORWELL MA**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 **Jennie Wilson** **7-11-03 (781) 961-4020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)