

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G46219**

1. Entity Name

RON & DONNA, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90020 019 ***150.00

Principal Place of Business

Mailing Address

11510 HALETHORPE DR
JACKSONVILLE FL 32223

11510 HALETHORPE DR
JACKSONVILLE FL 32223-1371

2. Principal Place of Business

6170 AIA South

3. Mailing Address

6170 AIA South

Suite, Apt. #, etc.

Unit 312

Suite, Apt. #, etc.

Unit 312

City & State

St Augustine Beach, FL

City & State

St Augustine Beach FL

Zip

32084

Country

St Johns

Zip

32084

Country

St Johns

4. FEI Number

59-2299953

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

WOLF, WAYNE A.
3733 UNIVERSITY BLVD., W. #106
JACKSONVILLE FL 32217

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

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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	DISTEFANO, RONALD P	
STREET ADDRESS	11510 HALETHORPE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DISTEFANO, DONNA M	
STREET ADDRESS	11510 HALETHORPE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6170 AIA South Unit 312
CITY-ST-ZIP	St. Augustine Beach, FL 32084
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6170 AIA South Unit 312
CITY-ST-ZIP	St. Augustine Beach, FL 32084
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Ronald P Distefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald P Distefano 1/19/2000 460-1209
Date Daytime Phone #