


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90380 048 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT #</b> G96555                                  |  |
| <b>1. Entity Name</b><br>DONKAR ENTERPRISES, INCORPORATED |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>5202 COTO PLACE<br>VALRICO FL 33594<br>US | <b>Mailing Address</b><br>5202 COTO PLACE<br>VALRICO FL 33594<br>US |
|---|---|

|                                       |  |
|---------------------------------------|--|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b><br>P.O. Box 32 |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                      |

|  |  |
|--|--|
| <b>City &amp; State</b><br>Valrico, FL | <b>City &amp; State</b><br>Valrico, FL |
| <b>Zip</b><br>33594                    | <b>Country</b><br>USA                  |

|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>4. FEI Number</b> 59-2403887 | <b>Applied For</b><br>Not Applicable |
|---------------------------------|--------------------------------------|

|   |                                       |
|---|---------------------------------------|
| <b>5. Certificate of Status-Desired</b> * | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br>MARSH, DONALD C.<br>5202 COTO PLACE<br>VALRICO FL 33594 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 |                    |
|---|---|---|--------------------|
| <b>TITLE</b><br>PD                            | <b>NAME</b><br>MARSH, DONALD C.                                   | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b><br>4704 FAIRLEA DRIVE   | <b>CITY-ST-ZIP</b><br>VALRICO FL                                  | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |
| <b>TITLE</b><br>STD                           | <b>NAME</b><br>MARSH, KAREN J.                                    | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b><br>4704 FAIRLEA DRIVE   | <b>CITY-ST-ZIP</b><br>VALRICO FL                                  | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |
| <b>TITLE</b><br>V                             | <b>NAME</b><br>MARSH, K-TODD                                      | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b><br>1722 POWDER RIDGE DR | <b>CITY-ST-ZIP</b><br>VALRICO FL 33594                            | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |
| <b>TITLE</b>                                  | <b>NAME</b>   | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b>                         | <b>CITY-ST-ZIP</b>  | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |
| <b>TITLE</b>                                  | <b>NAME</b>   | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b>                         | <b>CITY-ST-ZIP</b>  | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |
| <b>TITLE</b>                                  | <b>NAME</b>   | <b>TITLE</b>  | <b>NAME</b>        |
| <b>STREET ADDRESS</b>                         | <b>CITY-ST-ZIP</b>  | <b>STREET ADDRESS</b>                                 | <b>CITY-ST-ZIP</b> |
| <input type="checkbox"/> Delete               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                    |

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** Karen J. Marsh, 01-20-03, 813/681-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)