

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90143 017 ***150.00

DOCUMENT # J46975

1. Entity Name
DON'S T.V. SERVICE, INC.



Principal Place of Business
**351 E INTERLAKE BLVD
LAKE PLACID FL 33852
US**

Mailing Address
**351 E INTERLAKE BLVD
LAKE PLACID FL 33852
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1711655**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANSOUSSI, DONALD
351 E INTERLAKE BLVD
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **JOHN R. CHAPUT**
Street Address (P.O. Box Number is Not Acceptable)
351 E INTERLAKE BLVD
City **LAKE PLACID FL** Zip Code **33852**

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 *John R. Chaput*
Signature, typed or printed name of registered agent and title if applicable.

JOHN R. CHAPUT

4/1/03

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANSOUSSI, DONALD	
STREET ADDRESS	136 LAKE FRANCIS DR.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANSOUSSI, I. GAIL	
STREET ADDRESS	136 LAKE FRANCIS DR.	
CITY-ST-ZIP	LAKE PLACID FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN R. CHAPUT	
STREET ADDRESS	3254 PARTRIDGE AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA S. CHAPUT	
STREET ADDRESS	3254 PARTRIDGE AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
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		

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:

John R. Chaput
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

863/465-5099

Date

Daytime Phone #

CR2E034 (10/02)