

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J87120**

1. Entity Name

**DONDI OF STUART, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90070 006 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business                         | Mailing Address   |
| 1721 N CONGRESS AVE<br>BOYNTON BEACH FL 33426<br>US | 1721 N CONGRESS AVE<br>BOYTON BEACH FL 33426-8205<br>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 | 59-2832052 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                    | 7. Name and Address of New Registered Agent                                    |
| MCKEE, ROBERT D.<br>2006 S.W. BRIAROOK TRAIL<br>PALM CITY FL 34990 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

|                            |                          |   |   |
|----------------------------|--------------------------|---|---|
| 11. OFFICERS AND DIRECTORS |                          | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE                      | P                        | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCKEE, ROBERT D          | NAME  |   |
| STREET ADDRESS             | 2006 S.W. BRIAROOK TRAIL | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PALM CITY FL 34990       | CITY-ST-ZIP   |   |
| TITLE                      | VPST                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCKEE, DOREEN A.         | NAME  |   |
| STREET ADDRESS             | 2006 S.W. BRIAROOK TRAIL | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PALM CITY FL 34990       | CITY-ST-ZIP   |   |
| TITLE                      |                          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | NAME  |   |
| STREET ADDRESS             |                          | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP   |   |
| TITLE                      |                          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | NAME  |   |
| STREET ADDRESS             |                          | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP   |   |
| TITLE                      |                          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | NAME  |   |
| STREET ADDRESS             |                          | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP   |   |
| TITLE                      |                          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | NAME  |   |
| STREET ADDRESS             |                          | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                          | 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: R.D. MCKEE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/18/00 341 285-721  
Date Daytime Phone #