

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90070 023 \*\*\*150.00

DOCUMENT # **K35689**

1. Entity Name  
**DONARE CORPORATION**

Principal Place of Business <b>3273 LAKE WORTH RD          STE A          LAKE WORTH FL 33461          US</b>	Mailing Address <b>3273 LAKE WORTH RD          STE A          LAKE WORTH FL 33461          US</b>
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2. Principal Place of Business <b>3281 Lake Worth Rd. <del>FL</del>          Suite A</b>	3. Mailing Address <b>3281 Lake Worth Rd. <del>FL</del>          Suite A</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Lake Worth, FL</b>	City & State <b>Lake Worth, FL</b>	4. FEI Number <b>65-0074280</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33461</b>	Country <b>USA</b>	Zip <b>33461</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BINGHAM, DONALD          3273 LAKE WORTH RD          SUITE A          LAKE WORTH FL 33461</b>	7. Name and Address of New Registered Agent Name <b>Donald Bingham</b> Street Address (P.O. Box Number <input type="checkbox"/> Not Applicable) <b>3281 Lake Worth Rd. Ste. A</b> City <b>Lake Worth</b> FL Zip Code <b>33461</b>
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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 DATE **3/8/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BINGHAM, DONALD 2550 FLORAL ROAD LANTANA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BINGHAM, CHERYL 2550 FLORAL ROAD LANTANA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3/8/02** DAYTIME PHONE # **(561)439-9503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (9/01)