

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16528

1. Entity Name

DONLEY'S ELECTRONIC SERVICE, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90026 045 ***150.00

Principal Place of Business

% FLOYD T. DONLEY
3400 FORSYTH RD #4
WINTER PARK FL 32792

Mailing Address

% FLOYD T. DONLEY
3400 FORSYTH RD #4
WINTER PARK FL 32792-7419

2. Principal Place of Business

3. Mailing Address

1700 ASTER DR
Suite, Apt. #, etc.

1700 ASTER DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number 59-2980293

Applied For
Not Applicable

Zip 32792 Country USA

Zip 32792 Country USA

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

DONLEY, FLOYD T.
3400 FORSYTH RD
SUITE 4
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

1700 ASTER DR

City WINTER PARK FL Zip Code 32792

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 FLOYD T. DONLEY VTD Floyd T. Donley 4-3-00
Signature, typed or printed name of registered agent and title (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 NAME STREET ADDRESS CITY-ST-ZIP	VTD DONLEY, FLOYD T. 3400 FORSYTH RD #4 WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DONLEY, VANESSA R. 3400 FORSYTH RD #4 WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRURY, RICHARD A 913 TEATRO CT ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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: Floyd T. Donley 4-3-00 407-677-0861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)