

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90147 019 \*\*\*158.75

**DOCUMENT # L42897**

1. Entity Name  
**DONNA HUMPHREY, INC.**

Principal Place of Business

~~2305 BROADWAY~~  
~~RIVIERA BEACH FL 33404~~  
~~US~~

Mailing Address

~~P.O. BOX 10522~~  
~~RIVIERA BEACH FL 33419~~  
~~US~~

2. Principal Place of Business

**950 OLD DIXIE HIGHWAY**

Suite, Apt. #, etc.

**UNIT 10**

City & State

**LAKE PARK, FLORIDA**

Zip

Country

**33403**

**U.S.A.**

3. Mailing Address

**950 OLD DIXIE HIGHWAY**

Suite, Apt. #, etc.

**UNIT 10**

City & State

**LAKE PARK, FLORIDA**

Zip

Country

**33403**

**33403**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2982694**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HUMPHREY, DONNA L**

~~907 LAKESHORE DR~~

~~APT 307~~

~~LAKE PARK FL~~

7. Name and Address of New Registered Agent

Name

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

**950 OLD DIXIE HIGHWAY**

**UNIT 10**

City

**LAKE PARK**

**FL**

Zip Code

**33403**

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

*Donna L. Humphrey*

**PRESIDENT**

**APRIL 30, 2002**

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

TITLE **PD** ☐ Delete  
 NAME **HUMPHREY, DONNA L**  
 STREET ADDRESS **907 LAKESHORE DR APT 307**  
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **DONNA L. HUMPHREY**  
 STREET ADDRESS **950 OLD DIXIE HIGHWAY UNIT 10**  
 CITY-ST-ZIP **LAKE PARK, FLORIDA 33403**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Donna L. Humphrey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT APRIL 30, 2002**

Date

**561-848-0065**

Daytime Phone #

CR2E034 (9/01)