

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90115 017 ***150.00

DOCUMENT # L57336
1. Entity Name
MISS DONNA J., Inc.



DO NOT WRITE IN THIS SPACE

70036634

2. Principal Place of Business 233 Water Street 3. Mailing Address P.O. Box 697
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Apalachicola FL City & State Apalachicola FL
Zip 32320 Country U.S. Zip 32329 Country U.S.

4. FEI Number 59-3000712 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Shuler, J. Gordon
Street Address (P.O. Box Number is Not Acceptable) 34-4th STREET
City Apalachicola FL Zip Code 32320

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Ward, Olav B. 111 Ave. C. Apalachicola FL. 32320</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Ward, Walter W. 254 Hwy 98 Apalachicola, FL. 32320</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S.T. Ward, Donna J. 254 Hwy 98 Apalachicola, FL 32320</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter W. Ward Walter W. Ward^D 4/8/03 850-653-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034B (12/02)