

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L58779

**1. Entity Name** Dee Ron, Inc  
Y EDUARDO'S STATION  
W-5064

**Principal Place of Business** 100 EAST 4TH AVE.  
MOUNT DORA, FL 32757

**Mailing Address** 100 EAST 4TH AVE  
MOUNT DORA FL 32757

**FILED**  
**00 MAR 31 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**00021818**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <u>59-3002079</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<u>DORIS HAWKINS</u>		Name	
<u>402 LAKE DORA RD.</u>		Street Address (P.O. Box Number is Not Acceptable)	
<u>MOUNT DORA, FL 32757</u>		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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>DORIS HAWKINS</u> <u>402 LAKE DORA RD.</u> <u>MOUNT DORA, FL 32757</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500003203985--6</u> <u>--04/11/00--01102--003</u> <u>***300.00</u>
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Dee Hawkins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee Hawkins 352-  
735-0606  
Daytime Phone #

CR2E034 (9/99)