


FILED

03 SEP 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M86431					
1. Entity Name R.D. DONALDSON, INC.					
Principal Place of Business 3995 SW BRUNER PALM CITY, FL 34990 US			Mailing Address P. O. BOX 1498 PALM CITY, FL 34991 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0062297	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOOGE, BUDDY 401 E. OSCEOLA ST. STUART, FL 34994				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>					
DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State</p> </div> <div> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, ROLLIE D		NAME	Rollie D. Donaldson	
STREET ADDRESS	3439 SW PINDO PALM LN		STREET ADDRESS	3439 SW Pindo Palm Ln.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ashley Donaldson	
STREET ADDRESS			STREET ADDRESS	3439 Pindo Palm Ln., Palm	
CITY-ST-ZIP			CITY-ST-ZIP	City, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Eric Donaldson	
STREET ADDRESS			STREET ADDRESS	3439 Pindo Palm Ln., Palm	
CITY-ST-ZIP			CITY-ST-ZIP	City, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rollie D. Donaldson</u> 9/25/03 772 603843					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)