FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # PODODDD 269 25				03 SEP -4 PM 2: 04		
DOCUMENT # P DOODDD 269 25 1. Entity Name DOND Enterprises, Inc.				SECRETARY OF STATE TALLAHASSEE FLORIDA		
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 5133 Soute   Dr. Suite Apt. #, etc.  Suite Apt. #, etc.			1 Dr.	D NOT WRITE IN THIS SPACE		
Sack Conville	, FL	City & State  SackSonville	, FL	4. FEI Number 59-3435	1992	Applied For Not Applicable
32208	Country <b>U.</b>	32208	Country 4.5	5. Certificate of Statu		8.75 Additional see Required
DO NOT-WRITE Street Address (A				THO BOX Number is Not	Piekford Acceptable)	-
				Ksonville FL Zio Code 32208		
SIGNATURE	Bickord	the purpose of changing its reduction of the purpose of	egistered office or registi		State of Florida.	3
Tax filing requirement and elects to do so.  After May 1, Amended			y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of St	Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees
NAME STREET ADDRESS 9433	dident/(En	le L 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6000</b> 09/04/03	22 <b>7591</b> 9	16 ×150.00
STREET ADDRESS CITY-ST-ZIP  NAME  3 OD  0 P	<del></del>	32347	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Anti- Ant	forth Mry	ford secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO 1	NOT WRIT	<b>E</b>
NAME STREET ADDRESS CITY-ST-ZIP	, .		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN TI	HIS SPAC	E
TITLE			TITLE		•	

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03 (904) 294-5779
Date Dayline Phone #

CR2E034R /12/0

8/12/63 Document # P0000002692S FEI# 56-3634992

## Return with UBR/

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Division of Corperations,

Please reinstate My Corporate filing.

I did not receive my perpension to From
the State and had to Call an incurre.

Thank you for your help, my payment
is enclosed.

Thanks, Derband