

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054582

1. Entity Name

DONALD STOVER ENTERPRISES, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90014 046 ***150.00

Principal Place of Business

1415 GULF STREAM CIRCLE UNIT 303
BRANDON FL 33511

Mailing Address

1415 GULF STREAM CIRCLE UNIT 303
BRANDON FL 33511

2. Principal Place of Business

404 KING LOUIS CT

Suite, Apt. #, etc.

3. Mailing Address

404 KING LOUIS CT

Suite, Apt. #, etc.

SEFFNER, N/A

City & State

SEFFNER, FL

City & State

SEFFNER, FL

Zip

33584

Country

USA

Zip

33584

Country

USA

4. FEI Number

65-1012847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOVER, DONALD
1415 GULF STREAM CIRCLE UNIT 303
BRANDON FL 33511

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.

SIGNATURE

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, 2001 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
NAME STOVER, DONALD
STREET ADDRESS 1415 GULF STREAM CIRCLE UNIT 303
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO
NAME STOVER, DONALD
STREET ADDRESS 404 KING LOUIS CT
CITY-ST-ZIP SEFFNER, FL 33584 ☒ Change ☐ Addition

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

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

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

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

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

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD H STOVER

Date

4/3/01

Daytime Phone #

813-215-3410

CR2E034 (10/00)

0333766