FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # 12000000 6300				02 MAR 20 PM 2: 16		
George Donald INC					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 712 Jama Cac CF W 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	
City & State Beach F City & State					4. FEI Number	Applied For Not Applicable
33572 Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
				Name (7. Name and Address of Current Regi	stered Agent
DO NOT WRITE Street Address (posox Number is Not. Acceptable Lincle West		
IN THIS SPACE				2 Jamaica U	TCIE WEST	
City APOI				110 Beach FL	FL Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d 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) January 1 - May After May 1, Amended t Make Check Payable				ee is \$150.00 s \$550.00 s \$61.25	Election Campaign Financin Trust Fund Contribution.	
11.	OFFICERS AND D					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Donald 712 Jamaica Cir. Apollo Beach FL	W 33572	III .	1	8000051: -04/02/02 ****308.	330885 !01043024 75 *****308.75
TITLE NAME STREET ADDRESS	Gayle L Ponald	- W	TITLE NAMI STRE	1		
CITY-ST-ZIP	APOILO BEACL FL	33572	CITY	ST-ZIP		
NAME			NAM			
STREET ADDRESS CITY-ST-ZIP			la la	ET ADORESS ST-ZIP	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			H	t t	IN THIS SP	ACE
TITLE			TITLE			
NAME STREET ADDRESS CITY-ST-ZIP			Ш	T ADDRESS ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			II	F		
of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver of trustee empoynt with an address, with all other the empoynt with an address, with all other the	ue and accurate and that m	the exen y signate as requ	nption stated in Secure shall have the saifred by Chapter 60	ction 119.07(3)(i), Florida Statutes. I furthe ame legal effect as if made under oath; th 7, Florida Statutes; and that my name ap	er certify that the information nat I am an officer or director pears in Block 11 or on an

SIGNATURE: 2

SIGNATURE AND TYPES OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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