

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90142 033 \*\*\*150.00

**DOCUMENT # P01000001816**

1. Entity Name  
**T.C. DONK CO., INC.**

Principal Place of Business  
**240 VERSAILLES DR.  
 MELBOURNE BEACH FL 32951**

Mailing Address  
**240 VERSAILLES DR.  
 MELBOURNE BEACH FL 32951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**100-B Versailles Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**100-B Versailles Dr.**  
 Suite, Apt. #, etc.

City & State  
**Melbourne Beach, FL**  
 Zip  
**32951**  
 Country  
**USA**

City & State  
**Melbourne Beach, FL**  
 Zip  
**32951**  
 Country  
**USA**

4. FEI Number  
**59-3706911**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DONK, TIMOTHY C**  
**8617 MIZELL DR**  
**VIERA FL 32940**

7. Name and Address of New Registered Agent

Name  
**Donk, Timothy C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100-B Versailles Dr.**  
 City  
**Melbourne Beach** **FL** Zip Code  
**32951**

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 \_\_\_\_\_  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
 NAME  
**DONK, TIMOTHY C**  
 STREET ADDRESS  
**8617 MIZELL DR**  
 CITY-ST-ZIP  
**VIERA FL 32940**

TITLE  
**D**  
 NAME  
**Donk, Timothy C**  
 STREET ADDRESS  
**100-B Versailles Dr.**  
 CITY-ST-ZIP  
**Melbourne Beach, FL 32951**

TITLE  
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/02 (321) 795-6884**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment PO10000001816/  
1675217

To whom it may concern,

07/15/02

I received this report packet on July 5<sup>th</sup>. I was advised that the regular fee that accompanies this report is \$150.00 and that the \$550.00 represents the fee plus a \$400.00 late fee. I respectfully request that the late fee be waived. I do understand that ignorance is not an excuse but I truly knew nothing about this report being new to Florida. Further, my address has changed twice recently, possibly explaining the mix-up. My new address has been updated on this report.

Please except this check for the standard fee of \$150.00 enclosed with the report. If this is unacceptable or you need any further information, Please contact me at (321) 795-6884, Fax: (321) 952-7009. Thank you for your consideration.

Respectfully,



Tim Donk