

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91373 021 \*\*\*150.00

0693316  
FD

**DOCUMENT # P01000044096**

1. Entity Name  
**PALM HARBOR DONUTS, INC.**



Principal Place of Business  
**33240 HWY 19 NORTH  
PALM HARBOR FL 34684**

Mailing Address  
**2786 TARVIS CIRCLE  
PALM HARBOR FL 34683**

2. Principal Place of Business

*Same AS Above*

3. Mailing Address

*Same AS Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1624072**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRUM, VIRGINIO  
2786 JARVIS CIRCLE  
PALM HARBOR FL 34683**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRUM, VIRGINIO</b>	
STREET ADDRESS	<b>2786 JARVIS CIR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BRUM, LUCY</b>	
STREET ADDRESS	<b>2786 JARVIS CIR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>REZENDES, JOSE M</b>	
STREET ADDRESS	<b>2786 JARVIS CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>REZENDES, MARIA E</b>	
STREET ADDRESS	<b>1012 OLD VILLAGE WAY</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, 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: *VIRGINIO BRUM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-18-03 727-735-0446*  
Date Daytime Phone #

CR2E034 (10/02)