## **2002 UNIFORM BUSINESS REPORT (UBR)**

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## FILED Sep 09, 2002 8:00 am Secretary of State P01000047297 DOCUMENT # 1. Entity Name 09-09-2002 90025 028 \*\*\*550 00 DONEGAN INTERIORS, INC. Principal Place of Business Mailing Address 324A MONROE STREET 324A MONROE STREET DUNEDIN FL 34698 DUNEDIN FL 34698 3 6 5 S 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VRASPIR, TODD W ESQ. Street Address (P.O. Box Number is Not Acceptable) 5327 COMMERCIAL WAY SUITE A101 SPRING HILL FL 34606 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature—tiped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to:do so 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition NAME DONEGAN, JOHN J ST INCS BIVE 10261 WOODLAND WATERS BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7/P BROOKSVILLE FL 34613 CITY-ST-ZIP ☐ Delete TITLE ☐ effange ☐ Addition NAME DONEGAN, SHARON L NAME STREET\_ADDRESS かいの ころして ブン STREET ADDRESS .10261=WOODLAND.WATERS BOULEVARD CITY-ST-ZIP CITY ST-ŽIP **BROOKSVILLE FL 34613** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR