

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90130 008 \*\*\*150.00

**DOCUMENT # P01000111226**

1. Entity Name

**DOMORR ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**7880 N UNIVERSITY DR STE 201**  
**TAMARAC FL 33321**

**7880 N UNIVERSITY DR STE 201**  
**TAMARAC FL 33321**

2. Principal Place of Business

**3871 NW 100TH AVENUE**

3. Mailing Address

**3871 NW 100TH AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**City & State  
**CORAL SPRINGS, FL**4. FEI Number  
**65-1153373**
☐ Applied For  
☐ Not Applicable
Zip  
**33065**Country  
**USA**Zip  
**33065**Country  
**USA**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, JEROME L**  
**7880 N UNIVERSITY DR STE 201**  
**TAMARAC FL 33321**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DE**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONDEY, JOHN D</b> <b>3871 NW 100TH AVE</b> <b>CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEAN MORRISON</b> <b>10392 NW 15TH STREET</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Dondey**  
**PRESIDENT**

Date

Daytime Phone #

**4/12/02 886598-9761**

CR2E034 (9/01)