2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIRAMAR FL 33023

7944 PLANTATION BLVD.

P02000032449 DOCUMENT

1. Entity Name

Principal Place of Business

7944 PLANTATION BLVD.

MIRAMAR FL 33023

DONALD O. GREAVES, CORP.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90866 004 ***158.75

10031097



2. Principal	Place of Busin	ess	3. Ma	3. Mailing Address				—				
Suite, Apt. #, etc.			Suif	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country			Zip	Zip		Country		Certificate of Status Desired	Ø	\$8.75 A Fee Requi	dditional	
	6. Name	and Address of Cu	ırrent Registere	ed Agent				Name and Address of New Re	,			
GREAVES, DONALD O						Name			<u> </u>		<u> </u>	
	s, dunald c Intation bl	- ·		S			Street Address (P.O. Box Number is Not Acceptable)					
	R FL 33023	.vu.		-			<u></u> .					
		i								7in Co		
R. The shows parced entity as boile this state and for				Alan and a state of the state o			City Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
afe opuda	e named entity ations of registe	red agent.	ient for the purp	ose of changing its	registered	d office or	registered ag	gent, or both, in the State of Flor	ida. I am	familiar with	n, and accept	
SIGNATURE		<i>j</i>						•	•			
v4.	Signature, typed o	or printed name of registered	dagent and title if app	licable. (NOTE	E: Registered	Agent signatu	ure required when r	einstating)	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 \$5.00 May Be Trust Fund Contribution. Added to Fees				
_10.	Toorn	OFFICERS	AND DIRECTO		11.		AC	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREAVES, I 7944 PLAN MIRAMAR F	tation blvd.		☐ Delete	TITLE NAME STREET CITY-S	r address St-Zip		•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. :	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	- 7	,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-Z!P	 	<u> </u>	-	Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET,	ADDRESS T-21P				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET /	ADDRESS F-ZIP	,		1,4	☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET A	ADDRESS				Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE: /

CITY-ST-ZIP

O. Greaves