

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90146 001 \*\*\*150.00

**DOCUMENT # P02000056337**

1. Entity Name  
**DONNALLY ENTERPRISES, INC.**



Principal Place of Business  
**611 MAIN TRAIL  
ORMOND BEACH FL 32174**

Mailing Address  
**611 MAIN TRAIL  
ORMOND BEACH FL 32174**

**1042 NUS 1**

2. Principal Place of Business

3. Mailing Address

**3**  
Suite, Apt. #, etc.  
**ORMOND FL.**  
City & State

**1042 NUS 1**  
Suite, Apt. #, etc.  
**Suite 3**  
City & State  
**ORMOND FL.**



☐ CHECK HERE IF MAKING CHANGES

Zip  
**32174** Country  
**USA**

Zip  
**32174** Country  
**USA**

4. FEI Number  
**04-3675202** Applied For  
Not Applicable

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

**DONNALLY, CHAD**  
**611 MAIN TRAIL**  
**ORMOND BEACH FL 32174**

Name  
**CHAD G. DONNALLY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1042 NUS ONE**  
**ORMOND FL. Suite 3**  
City  
**FL** Zip Code  
**32174**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>Pres.</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>CHAD G. DONNALLY</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>1042 NUS ONE</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>ORMOND FL. 32174</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

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

Date

Daytime Phone #

**1/21/03 3865660714**

CR2E034 (10/02)