

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 037 ***158.75

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DOCUMENT # P02000074861

1. Entity Name
DON COCI, INC.



Principal Place of Business
23680 WALDEN CENTER DR UNIT 210
BONITA SPRINGS FL 34134

Mailing Address
23680 WALDEN CENTER DR UNIT 210
BONITA SPRINGS FL 34134



2. Principal Place of Business

23680 Walden Center Drive

Suite, Apt. #, etc.

UNIT 310

3. Mailing Address

23680 Walden Center Drive

Suite, Apt. #, etc.

UNIT 310

☒ CHECK HERE IF MAKING CHANGES

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

13-4203278

☒ Applied For
☐ Not Applicable

Zip

34134

Country

Lee

Zip

34134

Country

Lee

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

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 _____
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KALEYTA, DOMENICO F	
STREET ADDRESS	23680 WALDEN CENTER DR UNIT 210	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	IVANOVA, TANYA	
STREET ADDRESS	23680 WALDEN CENTER DR UNIT 210	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23680 Walden Center Dr. UNIT 310
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23680 Walden Center Dr. Unit 310
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(KALEYTA)

04.25.03 239-9491299

Date

Daytime Phone #

CR2E034 (10/02)