

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 90979 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102743

1. Entity Name  
2506, INC.



Principal Place of Business  
211 DANUBE APT 1  
TAMPA, FL 33606

Mailing Address  
211 DANUBE APT 1  
TAMPA, FL 33606

11021971



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3606 Carrollwood Place Circle  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 270447  
Suite, Apt. #, etc.

Apt 302

City & State  
Tampa, Florida

City & State  
TAMPA FL

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

33624

USA

33688-0444

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOORNINK, PAULETTE  
211 DANUBE APT 1  
TAMPA, FL 33606

Name  
DOORNINK, PAULETTE

Street Address (P.O. Box Number is Not Acceptable)  
3606 CARROLLWOOD PLACE CIRCLE Apt 302

City  
Tampa

FL

Zip Code  
33624

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 Paulette Doornink - Director Paulette Doornink  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

4-22-03  
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 D ☐ Delete  
NAME DOORNINK, PAULETTE  
STREET ADDRESS 211 DANUBE APT 1  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition  
NAME Doornink, Paulette  
STREET ADDRESS 3606 Carrollwood Place Circle Apt 302  
CITY-ST-ZIP Tampa, Florida 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Paulette Doornink Paulette Doornink 4-22-03 813-679-6820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)