

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90201 023 \*\*\*150.00

DOCUMENT # P03000149059

1. Entity Name

DON AND MERCY INC



**DO NOT WRITE IN THIS SPACE**

24068578

2. Principal Place of Business  
7414 STATE ROAD 523. Mailing Address  
7414 STATE ROAD 52Suite, Apt. #, etc.  
SUITE #1Suite, Apt. #, etc.  
SUITE #1City & State  
BAYONET POINT, FLCity & State  
BAYONET POINT, FLZip Country  
34667Zip Country  
346674. FEI Number  
20-0471473Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name

SAVONA, ANA M

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

7414 STATE ROAD 52 STE #1

City

BAYONET POINT,

FL

Zip Code  
34667

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PS  
NAME SAVONA, ANA M  
STREET ADDRESS 7414 STATE ROAD 52 STE #1  
CITY-ST-ZIP BAYONET POINT, FL 34667

TITLE VP  
NAME BONOMI, DONATELLA  
STREET ADDRESS 7414 STATE ROAD 52 STE #1  
CITY-ST-ZIP BAYONET POINT, FL 34667

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana Savona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/26/04 77-869-8680  
Daytime Phone #

CR2E034B (12/02)