

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000090048**

1. Entity Name

**DONAIR SALES AND LEASING, INC.****FILED****Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90229 004 \*\*\*150.00

Principal Place of Business Mailing Address

~~105~~ SOUTH ATLANTIC AVENUE, UNIT ~~105~~ 5275 SOUTH ATLANTIC AVENUE, UNIT ~~105~~  
SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169-4500

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number **59-3285526** Applied For  
Not Applicable5. 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

Name

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

**5275 S. Atlantic Avenue, Unit 102**  
**5275 105**

City New Smyrna Beach FL Zip Code 32169

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>HARRIS, DONALD C</b>	<b>435 RIVER ISLE COURT</b> <b>LONGWOOD FL 32779-3712</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5275</b>	<b>5275 S. Atlantic Avenue, Unit 102</b> <b>New Smyrna Beach, FL 32169</b>	<b>105</b>
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald C Harris** 2-25-00 904-426-2706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)