

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90229 004 ***150.00

DOCUMENT # P94000090048
 1. Entity Name
DONAIR SALES AND LEASING, INC.

Principal Place of Business Mailing Address
~~5275 SOUTH ATLANTIC AVENUE, UNIT #102~~ ¹⁰⁵ 5275 SOUTH ATLANTIC AVENUE, UNIT ~~#102~~ ¹⁰⁵
~~SMYRNA BEACH FL 32169~~ NEW SMYRNA BEACH FL 32169-4500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. **102 105**
 3. Mailing Address Suite, Apt. #, etc. **102 105**
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3285526** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS, DONALD C
~~435 RIVER ISLE COURT~~
~~LONGWOOD, FL 32779-3712~~

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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

TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, DONALD C
STREET ADDRESS	435 RIVER ISLE COURT
CITY-ST-ZIP	LONGWOOD, FL 32779-3712
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5275
STREET ADDRESS	5275 S. Atlantic Avenue, Unit 102
CITY-ST-ZIP	New Smyrna Beach, FL 32169 105
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)