

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90057 012 ***150.00

DOCUMENT # P95000069390

1. Entity Name

DONELLE A. WHITE, P.A.

Principal Place of Business

**12809 RAYSBROOK DR
RIVERVIEW FL 33569
US**

Mailing Address

**P O BOX 763
BRANDON FL 33509
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

219 Loma Pinecrest Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

4. FEI Number

59-3334313

Applied For

Not Applicable

Zip

33511

Country

HILLS

Zip

Country

5. 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

**WHITE, DONELLE A
12809 RAYSHROOK DR
RIVERVIEW FL 33569**

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.

SIGNATURE **Donelle A White**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **WHITE, DONELLE A**
CITY-ST-ZIP **1902 CIMMARON RUN DR
VLARICO FL 33594**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12809 Rayshbrook Drive**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **Donelle A White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01 813/672-4777

Daytime Phone #

CR2E034 (10/00)