

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023744

1. Entity Name

DONDEN, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90401 037 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>RT 1 BOX 212<br>BELINGTON WV 26250 | Mailing Address<br>RT 1 BOX 212<br>BELINGTON WV 26250-9764 |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0650347</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**AITKEN, DENISE**  
**921 SW CAIRO AVE.**  
**PORT ST. LUCIE FL 34953**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ (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. (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**

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

|  |                                 |
|--|---------------------------------|
| TITLE<br><b>P</b>                        | <input type="checkbox"/> Delete |
| NAME<br><b>AITKEN, DENISE</b>            |                                 |
| STREET ADDRESS<br><b>RT 1 BOX 212</b>    |                                 |
| CITY-ST-ZIP<br><b>BELINGTON WV 26250</b> |                                 |
| TITLE<br><b>VP</b>                       | <input type="checkbox"/> Delete |
| NAME<br><b>AITKEN, DONALD</b>            |                                 |
| STREET ADDRESS<br><b>RT 1 BOX 212</b>    |                                 |
| CITY-ST-ZIP<br><b>BELINGTON WV 26250</b> |                                 |
| 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                              |                                 |

|                |   |
|----------------|---|
| 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    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

CR2E034 (9/99)

I 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 in 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 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 an attachment with an address, with all other like empowered.

*Denise Aitken* **DENISE AITKEN** 4/19/00 604823-3040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #