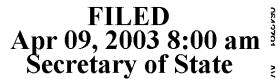
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P96000033345 **DOCUMENT#**



1. Entity Nam G. DONA		MSON, P.A.							04-09-2003 9	90163 036	***150	.00
Principal Place of Business 3461 BONITA BAY BLVD. STE 220 BONITA SPRINGS FL 34134 US 2. Principal Place of Business				Mailing Address 3461 BONITA BAY BLVD. STE 220 BONITA SPRINGS FL 34134 US 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING CH	HANGES	
City & State				City & State				<b>4.</b> FE	El Number <b>65-0658610</b>	-		olied For Applicable
Zip			Zip			try			ertificate of Status Desired	Fee	.75 Addi Required	
	. 6. Name	and Address of Cu						7. Na	ame and Address of New Rec	istered Age	nt	
- A - 4-									•			
THOMSOI <del>3461-Bo</del> a	veo/ea	COSC Street Address			(P.O. Box Number 15 Not Accedable)							
BONITA-S												
			overt street Address Street Address City Down			HNOC	<del>la</del>	Spring &	FL	Zie Code	135	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Leake Check Payable to Florida Department of State									9. Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees
10.		JL	AND DIRECTO	L	11.			ADD	DITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS	-26917-MC	N, GEORGE D JR CLAUGHLIN BLVD CPRINGS FL 34134		☐ Delete			270		10 Kent Roate Springs F	, [	Change	☐ Addition
CITY-ST-ZIP	BUNITA		<u> </u>		_		100	<u> </u>	ra dallala		1100	-
NAME STREET ADDRESS CITY-ST-ZIP	E .			☐ Delete					)	L	] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete							] Change	Addition

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with a corporation of the c