

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000049903**

1. Entity Name
DONMELS, INC.



Principal Place of Business
**2810 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770**

Mailing Address
**2810 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770**

2. Principal Place of Business

2871 WEST Bay DR

Suite, Apt. #, etc.

3. Mailing Address

2871 WEST Bay DR

Suite, Apt. #, etc.

City & State

BELLEAIR BLUFFS FL

City & State

BELLEAIR BLUFFS FL

Zip

33770

Country

Pinellas

Zip

33770

Country

Pinellas

6. Name and Address of Current Registered Agent

CRONE, DONALD D

3872 HARBOR HILLS DRIVE

LARGO FL 33770

Name

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

City

FL Zip Code

4. FEI Number

59-3385319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONE, DONALD D		NAME	
STREET ADDRESS	3872 HARBOR HILLS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONE, MELISSA		NAME	
STREET ADDRESS	3872 HARBOR HILLS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONMELS INC RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 727-581-0422

Daytime Phone #

100560

CF2E034 (10/02)