

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

10f2

DOCUMENT # 996000090085

1. Entity Name

DONNA H. STINSON, P.A.

FILED

02 DEC -9 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 South Monroe St.

Suite, Apt. #, etc.

Suite 400

City & State

Tallahassee, FL

Zip

Country

32301

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3427125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Donna Holshouser Stinson

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

same as above 215 S. Monroe St.

Suite 400

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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



Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Donna H. Stinson
215 S. Monroe St.
same as above
Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009740024
12/30/02--01060--022 **150.00

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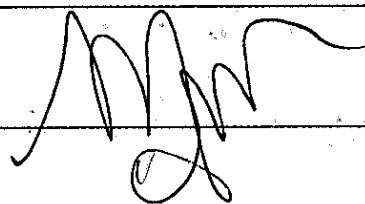
**DO NOT WRITE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Donna H. Stinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/02 850-681-6810

Date

Daytime Phone #

CR2E034B (12/01)

2087



215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FLORIDA 32301
P.O. DRAWER 11300 (32302)
TELEPHONE: 850.681.6810
FACSIMILE: 850.681.9792
www.broadandcassel.com

DONNA H. STINSON, P. A.
EMAIL: dstinson@broadandcassel.com

December 3, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Re: Donna H. Stinson, P. A.

Dear Sir or Madam:

Enclosed please find an updated Uniform Business Report. I did not receive my 2002 Uniform Business Report as the address was listed as "2155 Monroe Street", rather than "215 South Monroe Street". I am also enclosing my check in the amount of \$150.00 for the reinstatement fee.

If you have any questions, please feel free to call.

Sincerely yours,

BROAD AND CASSEL

A handwritten signature in dark ink, appearing to read 'Donna H. Stinson', followed by a horizontal line.

Donna H. Stinson, P. A.

DHS/tje
Enclosures