

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90185 015 ***158.75

DOCUMENT # P96000096355

1. Entity Name

THE DONUT SHOP INC.

Principal Place of Business

Mailing Address

1070 GUNN HWY
TAMPA FL 33624

4579 GUNN HWY
TAMPA FL 33624-6311

2. Principal Place of Business

4579 Gunn Hwy

Suite, Apt. #, etc.

3. Mailing Address

4579 Gunn Hwy

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

City & State

TAMPA FL

Zip

33624

Country

4. FEI Number

59-3447134

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, MARY O.
10347 CHADBOURNE DR
TAMPA FL 33624

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

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)

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.

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\$5.00. May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	PIERCE, MARY O	10347 CHADBOURNE DR	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	JACOBS, MICHAEL A	10347 CHADBOURNE DR	TAMPA FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	JACOBS, SHIRLEY A	10347 CHADBOURNE DR	TAMPA FL 33624	<input checked="" type="checkbox"/>	Vice President	Shirley A. Jacobs	10347 Chadbourne Dr	Tampa FL. 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Shirley A. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/29/00
Daytime Phone: (813) 968-8407