

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90174 049 ***150.00

DOCUMENT # P96000096355

1. Entity Name
THE DONUT SHOP INC. II



Principal Place of Business
4570 GUNN HWY 4011 N. LOIS AVE.
TAMPA FL 33614

Mailing Address
4570 GUNN HWY #119
TAMPA FL 33624



2. Principal Place of Business
4011 N. LOIS AVE.
Tampa FL

3. Mailing Address
4577 Gunn Hwy #119
Tampa FL

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33614

City & State
Tampa FL
Zip
33624

4. FEI Number **59-3447134**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PIERCE, MARY O
10347 CHADBOURNE DR
TAMPA FL 33624

7. Name and Address of New Registered Agent
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. 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	PIERCE, MARY O	
STREET ADDRESS	10347 CHADBOURNE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, MICHAEL A	
STREET ADDRESS	10347 CHADBOURNE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, SHIRLEY A	
STREET ADDRESS	10347 CHADBOURNE DR	
CITY-ST-ZIP	TAMPA FL 33624	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: MARY O PIERCE **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date **Daytime Phone #**

CR2E034 (10/02)