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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037551

1. Entity Name
DONNA BLEVINS CORPORATION

FILED

01 JUN 28 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9220 BONITA BEACH RD
SUITE 200
BONITA SPRINGS FL 34135
US

Mailing Address
9220 BONITA BEACH RD
SUITE 200
BONITA SPRINGS FL 34135
US

2. Principal Place of Business
808 US Hwy 41 S.
Suite, Apt. #, etc.
#611

3. Mailing Address
808 US Hwy 41 S.
Suite, Apt. #, etc.
#611

City & State
INVERNESS, FL

City & State
INVERNESS, FL

Zip
34450

Country
USA

Zip
34450

Country
USA

4. FEI Number **59-3509230**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BLEVINS, DONNA L
9220 BONITA BEACH RD
SUITE 200
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
808 US Hwy 41 S. #611
City
INVERNESS FL Zip Code
34450

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 D. Blevins **D. BLEVINS** DATE **6/10/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$350.00
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	DPVT BLEVINS, DONNA L 9220 BONITA BEACH RD SUITE 200 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLEVINS, DONNA L 9220 BONITA BEACH RD SUITE 200 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 808 U.S. Hwy 41 S. #611 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 808 U.S. Hwy 41 S. #611 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: D. Blevins **D. BLEVINS** DATE **6/10/01** DAYTIME PHONE # **941.671.3026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
A0073166
D# # P980000 34551
PAYCUT

Donna Blevins Corporation
808 US Hwy 41, #611
Inverness, FL 34450
941.671.3026

June 8, 2001

DELIVERED BY
PRIORITY MAIL.

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

REF: 2001 Uniform Business Report

Dear Sir or Madam:

On March 23, 2001, I was called to Virginia when my invalid father broke his leg. I subsequently stayed to help my 75 year old mother care for him. Unfortunately, complications arose, and dad died on April 24, 2001. Attached is his obituary and death certificate as verification.

My mother is not recovering well after dad's death so I remained in Virginia temporarily to help settle affairs. I just realized this report had not been filed. Fortunately, I located it among papers I had quickly gathered up when I came here to Virginia in March.

Donna Blevins Corporation is a one-person operation which generates very little income. Please accept the \$150 fee and waive the penalty. I want to keep the corporation active but the additional \$400 would be an extreme hardship for me.

Thank you in advance for your understanding and kind assistance. I have enclosed an additional \$8.75 for a certificate of status.

Sincerely,

Donna Blevins, Pres

Donna Blevins