

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90018 041 \*\*\*150.00

**DOCUMENT # P98000043785**

1. Entity Name  
**D.O.N. ENTERPRISES, INC.**

Principal Place of Business

**14 WOOD AMBER LANE  
PALM COAST FL 32164**

Mailing Address

**14 WOOD AMBER LANE  
PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3525311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TRUSON, SERGEV  
14 WOOD AMBER LANE  
PALM COAST FL 32164**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **PTD**  
STREET ADDRESS **TRUSON, SERGEY V**  
CITY-ST-ZIP **14 WOOD AMBER CN  
PALM COAST FL 32164**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **TRUSOVA, IRAIDA**  
CITY-ST-ZIP **14 WOOD ARIBEL LANE  
PALM COAST FL 32164**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
*[Signature]*

Date

Daytime Phone #

**07-04-02**

CR2E034 (4/02)

*Attachment*  
*# 798000043285*  
*119659*

DON Enterprises  
14 Wood Amber Lane  
Palm Coast, FL 32164

July 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

We are in receipt of your recent forms for late filing of the renewal for DON Enterprises. We don't recall ever receiving the forms for the renewal and sincerely believe that we probably did not receive it in the mail.

We have had a history of paying this on time and would like to ask you respectfully to waive the penalties since this was due to circumstances outside of our control. We are enclosing a check for \$150.00 and trust that you will favorably consider our position and waive any additional fees.

Sincerely.

Sergey Trusov

