

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90115 045 ***150.00

DOCUMENT # P98000078712

1. Entity Name

DONCHEY HOLDINGS, INC.

Principal Place of Business

Mailing Address

**208 MARY ESTER BLVD
 SUITE #4
 MARY ESTHER FL 32569**

**208 MARY ESTER BLVD
 SUITE #4
 MARY ESTHER FL 32569**

2. Principal Place of Business

3. Mailing Address

996 Airport Rd

996 Airport Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box C101

Box C101

City & State

City & State

Destin FL

Destin FL

Zip

Country

Zip

Country

32541 USA

USA

32541 USA

USA

8. Name and Address of Current Registered Agent

4. FEI Number

59-3543641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



**WHITNEY, BOBBY L JR
 208 MARY ESTER BLVD
 SUITE #4
 MARY ESTHER FL 32569**

Donchey, Steven S.

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

996 Airport Rd

Box C101

City **Destin**

FL

Zip Code **32541**

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

2/13/02

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, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DONCHEY, STEVEN M**
 CITY-ST-ZIP **208 MARY ESTER BLVD, STE #4**
MARY ESTHER FL 32569

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Donchey, Steven M.**
 CITY-ST-ZIP **996 Airport Rd, C101**
Destin FL 32541

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02

CR2E034 (9/01)