

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000018879**
Entity Name
DONAC LEGAL ASSISTANCE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90127 036 ***150.00

Principal Place of Business Mailing Address
520 S. Peninsula Avenue # 1D7
New Smyrna Beach, FL 32169

2. Principal Place of Business 3. Mailing Address
520 S Peninsula Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1D7
City & State City & State
New Smyrna Beach/FL
Zip Country Zip Country
32169 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3560516 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Cotinha B. Wagner
520 s. Pensinula Avenue # 1D7
New Smyrna Beach, FL 32169

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.

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 ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Cotinha B. Wagner		NAME		
STREET ADDRESS	President		STREET ADDRESS		
CITY-ST-ZIP	520 S. Peninsula Ave #1D7		CITY-ST-ZIP		
	New SMYrna Beach, FL 32169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **Cotinha B. Wagner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/29/00** Daytime Phone # **(407) 363-2900**
(904) 423-1256

CR2E034 (9/99)