

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018879

1. Entity Name

DONAC LEGAL ASSISTANCE, INC.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90293 018 \*\*\*150.00

Principal Place of Business

520 S PENINSULA AVE #107  
NEW SMYRNA BEACH FL 32169

Mailing Address

520 S PENINSULA AVE #107  
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

681 DARA CIRCLE

3. Mailing Address

681 DARA CIRCLE

Suite, Apt. #, etc.

LAKE HELEN, FL

Suite, Apt. #, etc.

LAKE HELEN, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3560516

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

32744

Country

USA

Zip

32744

Country

USA

6. Name and Address of Current Registered Agent

WAGNER, COTINHA B  
520 S PENINSULA AVE #D-7  
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

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

681 DARA CIRCLE

City

LAKE HELEN

FL

Zip Code

32744

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

*Stefano B. Winer*

3/29/01

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, 2001 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

TITLE PD  
NAME WAGNER, COTINHA B  
STREET ADDRESS 520 S PENINSULA AVE #107  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE  
NAME WAGNER, COTINHA B.  
STREET ADDRESS 681 DARA CIRCLE  
CITY-ST-ZIP LAKE HELEN, FL 32744 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

*Stefano B. Winer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 (904) 228 9964

Date

Daytime Phone #

0454118

CR2E034 (10/00)