

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90305 014 ***150.00

DOCUMENT # P99000048843

1. Entity Name
DON K OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~C/O JEFFERSON F. RIDDELL, P.A.~~
3807 JAFFA DRIVE
SARASOTA FL 34239

~~C/O JEFFERSON F. RIDDELL, P.A.~~
3807 JAFFA DRIVE
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Donald S. Komishane
 Suite, Apt. #, etc.

Donald S. Komishane
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923799**

Applied For
☐ **Not Applicable**

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDDELL, JEFFERSON F
3400 S. TAMiami TR.
SARASOTA FL 34239

Name **Donald S. Komishane**
Street Address (P.O. Box Number is Not Acceptable) **3807 Jaffa Drive**
City **Sarasota** **FL** **Zip Code** **34239**

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 **Donald S. Komishane**
 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, 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 **P** ☐ **Delete**
NAME **KOMISHANE, DONALD S**
STREET ADDRESS **3807 JAFFA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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

4/15/02

Date

941-924-6810

Daytime Phone #

CR2E034 (9/01)