2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

J32288

1. Entity Name

DOONE CONCEDITION INC



FILED Apr 04, 2003 8:00 am § Secretary of State

04-04-2003 90066 013 ***150.00

C.A. BOC	,,	S CO WE					
,	ce of Business TERS WELCOME L 32055	Mailing Address P.O. BOX 3236 LAKE CITY FL 32056-)236				
2. Principal F	Place of Business	3. Mailing Address					01: 01011 1011
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4.	. FEI Number 59-2719736		plied For t Applicable
Zip	Country	Zip	Country	5.		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7.	. Name and Address of New Registered A	gent	
. 			Name	,			
BOONE, JAMES F			Street Ad-	dress (P.O.	. Box Number is Not Acceptable)		
RT. 18 BC	OX 70						· ·
LAKE CIT	Y FL 32025						ĺ
			City		FL	Zip Code	•
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or r	egistered a	agent, or both, in the State of Florida. I am fa	amiliar with, a	and accept
					•		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registered Agent signature	required wher	n reinstating) DATE		
-	ILE NOW!!! FEE IS \$150.00		** **	-		-	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	May Be to Fees
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
			TITLE			P ^m 04	Addition
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TITLE NAME	PD BOONE, JAMES F	☐ Delete	NAME			Change	Addition
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: