

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90063 015 ***150.00

DOCUMENT # 455158

1. Entity Name
DOUGLAS CAPITAL MANAGMENT, INC.

Principal Place of Business

**814 HWY A1A NORTH
 SUITE 201
 JACKSONVILLE FL 32082
 US**

Mailing Address

**814 HWY A1A NORTH
 SUITE 201
 JACKSONVILLE FL 32082
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach

City & State
Ponte Vedra Beach

4. FEI Number
59-1559296

Applied For
 Not Applicable

Zip
32082

Country

Zip
32082

Country

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

6. Name and Address of Current Registered Agent

**DOUGLAS, G. BRUCE
 814 HWY A1A NORTH
 SUITE 201
 JACKSONVILLE FL 32082**

7. Name and Address of New Registered Agent

Name **JAMES A. DOUGLAS**
 Street Address (P.O. Box Number is Not Acceptable)
814 HWY A1A NORTH Suite 201
 City **Ponte Vedra Beach FL** Zip Code **32082**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/02

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

TITLE Delete
CD
 NAME **DOUGLAS, G BRUCE**
 STREET ADDRESS **10033 SAWGRASS DR. WEST**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Delete
PD
 NAME **DOUGLAS, CHRISTOPHER**
 STREET ADDRESS **10033 SAWGRASS DR. WEST**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Delete
V
 NAME **SHOBES, ANNE, L**
 STREET ADDRESS **10033 SAWGRASS DR. WEST**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Delete
VDTS
 NAME **DOUGLAS, JAMES A.**
 STREET ADDRESS **10033 SAWGRASS DRIVE WEST**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Delete

TITLE Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

CR2E034 (9/01)