

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90197 009 \*\*\*550.00

**DOCUMENT # L08687**

1. Entity Name  
**DORO ENTERPRISES, INC.**

Principal Place of Business

**2392 ARMOUR DRIVE  
DUNEDIN FL 34698**

Mailing Address

**2392 ARMOUR DRIVE  
DUNEDIN FL 34698**

913041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1032 Eniswood Parkway**

3. Mailing Address

**1032 Eniswood Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Harbor, FL.**

City & State

**Palm Harbor, FL.**

4. FEI Number

**59-2972714**

Applied For

Not Applicable

Zip

**34683**

Country

**U.S.A.**

Zip

**34683**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, DONALD G  
1635 SHEFFIELD DR  
CLEARWATER FL 33764**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brian Patterson **Brian Patterson** **Manager** **8-5-02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PC** ☐ Delete  
NAME **PATTERSON, DONALD G.**  
STREET ADDRESS **1635 SHEFFIELD DR**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **M** ☐ Delete  
NAME **PATTERSON, BRIAN**  
STREET ADDRESS **2392 ARMOUR DRIVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Brian Patterson **Brian Patterson** **Manager** **8-5-02 (727) 785-5825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)