

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90125 019 \*\*\*\*50.00

DOCUMENT # L97000000178

1. Entity Name

DOUGLAS ENTERPRISES INTERNATIONAL, LLC ✓

Principal Place of Business

86 N. 5TH STRETT. #2  
LAKE CITY FL 32055

Mailing Address

86 N. 5TH STRETT. #2  
LAKE CITY FL 32055

974653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RT. 18 Box 599  
Suite, Apt. #, etc.  
LAKE CITY

3. Mailing Address

P.O. Box 2648  
Suite, Apt. #, etc.  
LAKE CITY

City & State

FL

City & State

FL

4. FEI Number 59-3418015

Applied For

Not Applicable

Zip  
32025

Country  
USA

Zip  
32025

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS RD  
SUITE 230  
JACKSONVILLE FL 32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/7/02 (386) 961-8133  
Date Daytime Phone #

CR2E083 (4/02)