


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90214 004 ***150.00

DOCUMENT # M94574

1. Entity Name
DOSS & ASSOCIATES, INC.



Principal Place of Business
**184 SR 312
ST AUGUSTINE FL 32086
US**

Mailing Address
**184 SR 312
ST AUGUSTINE FL 32086
US**



2. Principal Place of Business
247 SAN MARCO AVE

3. Mailing Address
247 SAN MARCO AVE

Suite, Apt. #, etc.
A

CHECK HERE IF MAKING CHANGES

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE

Zip Country
32084-2779 USA

Zip Country
32084-2779 USA

4. FEI Number **59-2902422**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DOSS, RONALD L.
184 SR 312
ST AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name
DOSS, RONALD L.

Street Address (P.O. Box Number is Not Acceptable)
247 SAN MARCO AVE

SUITE A

City
ST. AUGUSTINE

FL Zip Code
32084-2779

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 *Ronald Doss* **Pres.** DATE **3-12-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DOSS, RONALD L.
STREET ADDRESS	184 SR 312
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D <input type="checkbox"/> Delete
NAME	DOSS, JOAN D.
STREET ADDRESS	184 SR 312
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSS, RONALD L.
STREET ADDRESS	247 SAN MARCO AVE., Ste A
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084-2779
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSS JOAN D.
STREET ADDRESS	247 SAN MARCO AVE, Ste A.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084-2779
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Doss* **REQUIRED** **Pres** DATE **3-12-03** DAYTIME PHONE # **904-824-2960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)