

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 038 ***150.00

DOCUMENT # P01000003551

1. Entity Name

THOMAS E. DOSS III, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 E. Altamonte Drive

3. Mailing Address

P.O. Box 196248

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Winter Springs, FL

4. FEI Number

59-3702292

Applied For

Not Applicable

Zip

32701

Country

Zip

32719-6248

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Thomas E. Doss III

Street Address (P.O. Box Number is Not Acceptable)

500 E. Altamonte Drive

Suite 200

City

Altamonte Springs,

FL

Zip Code
32701

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

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)**

KX

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/T/S/D
NAME Thomas E. Doss III
STREET ADDRESS 500 E. Altamonte Dr., Suite 200
CITY-ST-ZIP Altamonte Springs, FL 32701

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Doss III

5/1/2002

Date

407/696-2364

Daytime Phone #

CR2E034B (12/01)