

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

FILED
Aug 14, 2003 8:00 am
Secretary of State

07-18-2003 90079 027 ***150.00

DOCUMENT # P02000013902

1. Entity Name
RONALD DUBOIS, INC.

Principal Place of Business
**7108 N. DUNCAN
TAMPA FL 33604**

Mailing Address
**7108 N. DUNCAN
TAMPA FL 33604**



55054175

2. Principal Place of Business
7108 N. Duncan Tampa FL 33604

3. Mailing Address
7108 N. Duncan

CHECK HERE IF MAKING CHANGES

City & State **TAMPA FLA** City & State **TAMPA FLA** 4. FEI Number **260057858** Applied For Not Applicable

Zip **33604** Country **Hillsborough** Zip **33604** Country **Hillsborough** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUBOIS, RONALD
7108 N. DUNCAN
TAMPA FL 33604**

7. Name and Address of New Registered Agent
Name **Ronald DuBois**
Street Address (P.O. Box Number is Not Acceptable) **7108 N. DUNCAN**
City **TAMPA** FL Zip Code **33604**

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 DuBois** DATE **FLA**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 - Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, RONALD 7108 N. DUNCAN TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 DuBois** Date **7-14-03** Daytime Phone # **813 917-9172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment

55134176

PD2000013902

Dear Division of Corporations

I Ronald DuBois am sorry that I am late on this form I did not receive this form before this one.

It is my first year in business I will expect it early next year and will be on time.

Thank You
Ronald DuBois (President)