

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90027 037 ***550.00

DOCUMENT # P94000010797

1. Entity Name

DOUGLASS REAL ESTATE CONNECTION, INC.

Principal Place of Business

801 W BAY DR
 SUITE 438
 LARGO FL 33770
 US

Mailing Address

801 W BAY DR
 SUITE 438
 LARGO FL 33770
 US

2. Principal Place of Business

2938 WEST BAY DR.

3. Mailing Address

2938 WEST BAY DR.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

BELEAIR BLUFFS, FL

City & State

BELEAIR BLUFFS, FL

Zip

Country

33770

US

Zip

Country

33770

US

4. FEI Number

59-3225973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLASS, PAUL
 801 W BAY DR
 SUITE 438
 LARGO FL 33770

7. Name and Address of New Registered Agent

Name DOUGLASS, PAUL

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

2938 WEST BAY DR. - SUITE B

City BELEAIR BLUFFS

State FL

Zip Code 33770

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

Paul Douglas - PAUL DOUGLASS

8.29.2000

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, 2000 Min. 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 D
 NAME DOUGLASS, PAUL
 STREET ADDRESS 801 W BAY DR SUITE 438
 CITY-ST-ZIP LARGO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME DOUGLASS, PAUL
 STREET ADDRESS 2938 WEST BAY DR. SUITE B
 CITY-ST-ZIP BELEAIR BLUFFS, FL. 33770

Address ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Paul Douglas - PAUL DOUGLASS

8.29.00

727/586-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)