

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-14-2003 90084 044 ***150.00

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1. Entity Name

DOUGLAS INSURANCE SERVICES, INC.



Principal Place of Business

115 PROFESSIONAL DR
STE 101
PONTE VEDRA BEACH FL 32082
US

Mailing Address

115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

4315 PAOLO OAKS COURT

3. Mailing Address

4315 PAOLO OAKS COURT

Suite, Apt. #, etc.

SUITE FIVE

Suite, Apt. #, etc.

SUITE FIVE

City & State

JACKSONVILLE, FLA

City & State

JACKSONVILLE, FLA

Zip

32224

Country

USA

Zip

32224

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

63-1060216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, THOMAS O JR.
115 PROFESSIONAL DR
STE 101
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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

1/14/03

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 NAME ☐ Delete
P DOUGLAS, THOMAS D JR
STREET ADDRESS 808 HAWKS NEST COURT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME ☐ Delete
ST DOUGLAS, REBECCA H
STREET ADDRESS 808 HAWK NEST COURT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

Daytime Phone #

904-992-2240

CR2E034 (10/02)