

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076173

1. Entity Name

DOUGLAS AND DOUGLAS CONSTRUCTION COMPANY, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90006 044 \*\*\*150.00

Principal Place of Business

Mailing Address

ROUTE 2 BOX 1805  
STARKE FL 32091

ROUTE 2 BOX 1805  
STARKE FL 32091-9542

2. Principal Place of Business

3. Mailing Address

US Hwy 301 North  
Suite, Apt. #, etc.

Rt 2 Box 1805  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3467655

Applied For  
Not Applicable

Zip 32091 Country BRADFORD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, DUDLEY P  
998 NORTH TEMPLE AVENUE  
STARKE FL 32091

Name WAYNE E. DOUGLAS, JR.

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

Rt 2 Box 1314

City STARKE FL Zip Code 32091

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 Wayne E. Douglas, Jr. - WAYNE E. DOUGLAS JR. 5-24-00  
Signature, typed or printed name of registered agent and title 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, WAYNE ROUTE 2 BOX 1805 STARKE FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, WAYNE E JR. ROUTE 2 BOX 1805 STARKE FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wayne E. Douglas Jr. 5-24-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)