

2001 UNIFORM BUSINESS REPORT (UBR)

0089449 A

DOCUMENT # P99000087553

1. Entity Name
DOSS ENTERPRISES, INC.

Principal Place of Business
7539 17TH WAY NORTH
ST. PETERSBURG FL 33702

Mailing Address
7539 17TH WAY NORTH
ST. PETERSBURG FL 33702

2. Principal Place of Business
835 53rd Terrace N.
Suite, Apt. #, etc.

3. Mailing Address
835 53rd Terrace N.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip
33703
Country
USA

City & State
St. Petersburg, FL
Zip
33703
Country
USA

4. FEI Number
59-3608662

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, DAVID L
7539 17TH WAY NORTH
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
835 53rd Terrace N.
City St. Petersburg FL Zip Code 33703

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 _____ (NOTE: Registered Agent signature required when reinstating) 900004659759--8
-10/30/01--01088--015
****150.00 ****150.00

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 12, 2001 Fee 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 P
NAME KELLY, DAVID L
STREET ADDRESS 7539 17TH WAY NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Kelly, David L
STREET ADDRESS 835 53rd Terrace N.
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-01

Date

(727) 525-1046

Daytime Phone #

CR2E034 (5/01)

282

DOSS ENTERPRISES, INC.

835 53rd Terrace North
St. Petersburg, FL 33703

Phone (727) 542-1979

October 1, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the completed form sent to me. I had originally wrote to you earlier last month about not getting the first form due to the fact I had moved and you never received my change of address card I sent as my account had instructed me to do. You told me to return form and payment for \$150.00, which is enclosed. Thank you for your response to my correspondence.

Sincerely,


David L. Kelly,
President