

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0101649

FILED

03 SEP 22 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098397

1. Entity Name
DOUGLASS CAPITAL CORPORATION



Principal Place of Business
4625 EAST BAY DRIVE #113
CLEARWATER FL 33764

Mailing Address
4625 EAST BAY DRIVE #113
CLEARWATER FL 33764



REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
19321-C US Hwy 19 N

3. Mailing Address
19321-C US Hwy 19 N

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
Clearwater FL

City & State
Clearwater, FL

4. FEI Number 59-3300446

Applied For
Not Applicable

Zip
33764

Country
Pinellas

Zip
33764

Country
Pinellas

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

DIMARCO, ROBERT F
3444 EAST LAKE RD. SUITE 412
PALM HARBOR FL 34685

Name
Daniel D. Douglass
Street Address (P.O. Box Number is Not Acceptable)
19321-C US Hwy 19 N #300
City
Clearwater FL Zip Code
33764

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-17-03

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 DOUGLASS, DANIEL D 2450 ROBERTA LANE CLEARWATER FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, DANIEL D 19321-C US Hwy 19 N Suite # 300 CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023369775 09/26/03--01083--021 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL D. DOUGLASS
President 9/17/03 727 536 7767

CR2E034 (4/03)