

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90719 036 ***150.00

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DOCUMENT # V53419

1. Entity Name
DOUGLASS A. PERSON CPA, P.A.



Principal Place of Business
1790 HWY A1A
SUITE #202
SATELLITE BEACH FL 32937

Mailing Address
1413 SO. PATRICK DRIVE
#7
SATELLITE BEACH FL 32937



2. Principal Place of Business
1413 So. PATRICK Drive

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 7

Suite, Apt. #, etc.

City & State
INDIAN HARBOR BEACH, FL

City & State

Zip
32937

Country
USA

Zip

Country

4. FEI Number 59-3135073

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSON, DOUGLASS A.
1790 US HWY A1A
SUITE #202
SATELLITE BEACH FL 32937

Name
PERSON, DOUGLASS A.

Street Address (P.O. Box Number is Not Acceptable)
1413 So. PATRICK Dr. STE # 7

City
INDIAN HARBOR BCH FL

Zip Code
32937

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  DOUGLASS A. PERSON 1/6/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PERSON, DOUGLASS A.	1790 HWY A1A	SATELLITE BEACH FL 32937	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D PERSON DOUGLASS A.	1413 So. PATRICK DRIVE	INDIAN HARBOR BCH, FL 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DOUGLASS A. PERSON 1/6/03 321-779-2112

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)