2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # **F97000004040 Secretary of State** 1. Entity Name DOWNTOWN PROPERTIES OF PA. INC. 03-12-2001 90432 013 ***150.00 Principal Place of Business Mailing Address 5 W. 10TH ST 5 W. 10TH ST ERIE PA 16501 ERIE PA 16501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 25-1111446 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VOGEL, JAMES D ESQ. Street Address (P.O. Box Number is Not Acceptable) 3936 TAMIAMI TRAIL N. STE. B. NAPLES FL 34103 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE BALDWIN, ARTHUR W NAME NAME 5 W. 10TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ERIE PA 16501** ☐ Addition TITI E ☐ Delete TITLE Change BALDWIN, GREGORY G NAME NAME STREET ADDRESS STREET ADDRESS 5 W. 10TH ST CITY-ST-ZIP CITY-ST-ZIP **ERIE PA 16501** TITLE ☐ Change ☐ Addition TITLE ☐ Delete BALDWIN, JOHN R NAME-NAME STREET ADDRESS 5 W. 10TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ERIE PA 16501** TITLE . Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition

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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

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SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/9/01

(814) 454-454 1

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Daytime Phone #

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