

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **559941**

1. Entity Name

JOHN P. DOWNS, COMPANY

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90622 001 \*\*\*150.00

Principal Place of Business  
800 OLD GRIFFIN RD.  
DANIA FL 33004

Mailing Address  
800 OLD GRIFFIN RD.  
DANIA FL 33004

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1802394**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CARABALLO, EXER  
800 OLD GRIFFIN ROAD  
DANIA FL 33004

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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)

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, 2002 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

TITLE **VD**  
NAME **GALATIS, TED**  
STREET ADDRESS **915 MIDDLE RIVER DR**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  Addition

TITLE **PD**  
NAME **DOWNS, JOHN P**  
STREET ADDRESS **1406 N E 15TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

Delete

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  Addition

TITLE **STD**  
NAME **DOWNS, MARY B**  
STREET ADDRESS **1406 N E 15TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

Delete

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE **NAME**  
NAME **STREET ADDRESS**  
STREET ADDRESS **CITY-ST-ZIP**

Change  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.

SIGNATURE:

*John P. Downs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 959-921-0800  
Daytime Phone #

CR2E034 (9/01)