2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
02-09-2001 90208 028 ***150.00

0372175

DOCUMENT # F21700

1. Entity Name
DOWNSTATE SECURITIES GROUP, INC.

Principal Place of Business	Mailing Address
259 INDIAN ROCKS RD. N. BELLEAIR BLUFFS FL 34640	259 INDIAN ROCKS RD. N. BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2067195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAIRD, PAMELA S.
259 INDIAN ROCKS RD N.
BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent

Name: CLARK, JAMES M.
Street Address (P.O. Box Number is Not Acceptable): 259 INDIAN ROCKS RD N.
City: BELLEAIR BLUFFS FL Zip Code: 33770

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: James M. Clark, President 2/5/01
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JEROME H 1215 MORGAN TRACE ELDORADO, IL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D CLARK, TINA E. 259 INDIAN ROCKS RD N. BELLEAIR BLUFFS, FL 33770	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CLARK, JAMES M 259 INDIAN ROCKS RD N. BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CLARK, JAMES M 259 INDIAN ROCKS RD N. BELLEAIR BLUFFS, FL 33770	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BAIRD, PAMELA S 259 INDIAN ROCKS RD N BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BAIRD, PAMELA S. 259 INDIAN ROCKS RD N. BELLEAIR BLUFFS, FL 33770	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: James M. Clark 2/5/01 727-586-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #