

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021853

1. Entity Name

DOWN PAYMENT ASSISTANCE PROGRAM, LLC

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90015 001 ****50.00

0004214

Principal Place of Business

1806 SOUND HAMMOCK DR
NAVARRE FL 32566

Mailing Address

~~1806 SOUND HAMMOCK DR~~
~~NAVARRE FL 32566~~
c/o THE TOWRY COMPANY
59396 E 288 CT
GROVE OK 74344

2. Principal Place of Business

3. Mailing Address

59396 E 288 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GROVE OK

4. FEI Number

68-0495124

Applied For

Not Applicable

Zip

Country

Zip

Country

74344

DELAWARE

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWRY, KENNETH L
1806 SOUND HAMMOCK DR
NAVARRE FL 32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

7-12-2002

918-787-5837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)