

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M91100**

1. Entity Name

**TWENTY-FIRST CENTURY PROS.**



**FILED  
May 13, 2005 8:00 am  
Secretary of State**

05-13-2005 90230 009 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**C/O EDWARD F. Downs**

Suite, Apt. #, etc.

**510 N. Shore Circle**

City & State

**LYNN HAVEN, FL**

Zip

**32444**

Country **BAY**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**SAME**

City & State

**SAME**

Zip

**32444**

Country

**BAY**

4. FEI Number

**59-2961280**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**SAME "TRES."**

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.

**Edward F. Downs**

SIGNATURE

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

(NOTE Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**TITLE PRES. Edward F. Downs Jr.  
NAME Edward F. Downs Jr.  
STREET ADDRESS 1802 New Jersey Ave.  
CITY-ST-ZIP LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE TRES.  
NAME Edward F. Downs Jr.  
STREET ADDRESS 510 N Shore Circle  
CITY-ST-ZIP Lynn Haven, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE: Edward F. Downs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/05 #850-265-3101**

Date

Daytime Phone #

CR2E034B (12/02)