## 2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

## FILED Jan 18, 2001 8:00 am DOCUMENT # P0000006468 **Secretary of State** 1. Entity Name DOWNING & ASSOCIATES, INC. 01-18-2001 90027 018 \*\*\*150.00 Principal Place of Business Mailing Address 2652 NE 6TH ST. -2652 NE 6TH ST. POMPANO BGH-FL 33062 P<del>ompano BCH FL 3</del>9062 2. Principal Place of Business 3 800 NE - 19 1 DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Stornber09 71548 Not Applicable Country \$8.75 Additional 33**0**61 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAFRAMBOISE, WALTER G Street Address (P.O. Box Number is Not Acceptable) 2652 NE 6TH ST. POMPANO BCH-FL-33062 8. The above named entity submits this statement for the purpose of changing its registered offiles or (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 1/2. 11. 3800 NE-17AVE -Londono Boroch, FL 33064 ☐ Change ☐ Addition TITLE ☐ Delete LAFRAMBOISE, WALTER G NAME NAME STREET ADDRESS -2652 NE 6TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL 33062 CITY-ST-ZIP TITLE TITLE ☐ Delete JOHNANO BOACH PC NAME LAFRAMBOISE, SYLVIE C NAME STREET ADDRESS STREET ADDRESS 2652 NE 6TH ST. 35064, CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33062 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS

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ent as it made under oath; that I am an officer or director ites; and that my name appears in Block 11 or Block 12 if

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 Ø7(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 it 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 in changed, or on an attachment with an address, with all other like empoweged.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR