

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-15-2002 90067 005 ***150.00

DOCUMENT # P00000022497

1. Entity Name

BIG AL DOWNING PUBLISHING CO.

Principal Place of Business

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

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

DO NOT WRITE IN THIS SPACE

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR.

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS DOWNING, ALEXANDER
CITY-ST-ZIP 65 WATSON STREET
LEICESTER MA 01524

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS SIMMONS, RICHARD E
CITY-ST-ZIP 333 WEST CAMINO GRDNS BLVD #201
BOCA RATON FL-33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS BUTERS, JOSEPH
CITY-ST-ZIP 649 SW WHITMORE DRIVE
PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS STINSON, LOUIS JR
CITY-ST-ZIP 4675 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DOWNING, BEVERLY A
CITY-ST-ZIP 65 WATSON STREET
LEICESTER MA 01524

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMMONS, CAROLYN R
CITY-ST-ZIP 333 WEST CAMINO GRDNS BLVD #201
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)