

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90184 013 ***150.00

025504 AV

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
2199 Ponce de Leon Blvd

3. Mailing Address
2199 Ponce de Leon Blvd

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
301

City & State
Coral Gables FLA

City & State
Coral Gables FLA

Zip
33134

Country
USA

Zip
33134

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1088842**

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 **STEWART AGENT SERVICES**
Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd
Suite 301
City **Coral Gables** FL Zip Code **33134**

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

MANAGER

3/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNING, ALEXANDER 65 WATSON STREET LEICESTER MA 01524	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMMONS, RICHARD E 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTERS, JOSEPH 649 SW WHITMORE DRIVE PORT SAINT LUCIE FL 34984	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, BEVERLY A 65 WATSON STREET LEICESTER MA 01524	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, CAROLYN R 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL 33432	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**2199 Ponce de Leon Blvd # 301
Coral Gables, FLA 33134**

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 Block 11 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

3/24/03 **305-444-8807**
Date Daytime Phone #

CR2E034 (10/02)