2001 UNIFORM BUSINESS REPORT (UBR) P00000058076 Apr 24, 2001 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name T. DOWNEY GLOBAL MARKETS, INC. 04-24-2001 90028 046 ***150.00 Ocean Blvd 34996 A0055013 2. Principal Place of Business 3: Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1660 Applied For 4. FEI Number 65-1013582 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -HCRM-Corp. -----Rutherford, Mulhall & Wargo, P.A. 2200 Corporate Blvd N.W., Ste 401 Street Address (P.O. Box Number is Not Acceptable) Boca Raton, FL 33431 2600 N. Military Trail, 4th-Flr Zip Code City Boca Raton 33441 8. The above named entity submits Ais transmits for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Mark L. Nowak on behalf of_ of registered agent and title if applicable. Signature, typ (NOTE: Registered Agent Rutherford, Mulhall & Wargo FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE Michael T. Downey NAME NAME STREET ADDRESS STREET ADDRESS 2641 N.E. Ocean Blvd, Ste 302 CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34996 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR