

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90065 003 ***150.00

013131 AM

DOCUMENT # P0000095681

1. Entity Name
702 DOWNTOWN, INC.

Principal Place of Business: **702 E NEW HAVEN AVE MELBOURNE FL 32901**
 Mailing Address: **702 E NEW HAVEN AVE MELBOURNE FL 32901**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
707 N. Palm Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3701208** Applied For: Not Applicable:

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

City & State: **Indialantic, FL**

Zip: **32903** Country: **USA**

6. Name and Address of Current Registered Agent
GRANT, JOYCE A
702 E NEW HAVEN AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name: **Joyce Grant**
 Street Address (P.O. Box Number is Not Acceptable): **707 N. Palm Ave**
 City: **Indialantic FL** Zip Code: **32903**

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: *Joyce Grant* **Joyce Grant** DATE: **3/5/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANT, JOYCE A | NAME | |
| STREET ADDRESS | 707 N PALM AVE | STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Joyce Grant* **Joyce Grant** **PRESIDENT/DIRECTOR** DATE: **02/18/2002 3/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)