

4/9/1

FILED
May 12, 2002 8:00 am
Secretary of State

04-09-2002 90061 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091638

1. Entity Name

JIM DOWNEY ENTERPRISES, INC.

Principal Place of Business

325 MOHAVE TERRACE
 LAKE MARY FL 32748

Mailing Address

325 MOHAVE TERRACE
 LAKE MARY FL 32746

2. Principal Place of Business

325 MOHAVE TERR.

Suite, Apt. #, etc.

3. Mailing Address

325 MOHAVE TERR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FL.

City & State

LAKE MARY, FL.

4. FEI Number

59 374 3829

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, JAMES

325 MOHAVE TERRACE

LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

TITLE **PRESIDENT** ☐ Delete
 NAME **JAMES DOWNEY**
 STREET ADDRESS **325 MOHAVE TERR.**
 CITY-ST-ZIP **LAKE MARY, FL. 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

James Downey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

407 330 1210
 Daytime Phone #

CR2E034 (9/01)