

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P930000001666**

1. Entity Name
Downmar of Davis, Inc

Principal Place of Business
**6882 STIRLING ROAD
DAVIE, FL. 33024**

Mailing Address
**6882 STIRLING ROAD
DAVIE, FL. 33024**

2. Principal Place of Business
6882 STIRLING ROAD

3. Mailing Address
6882 STIRLING ROAD

Suite, Apt. #, etc.

City & State
DAVIE, FL.

City & State
DAVIE, FL.

Zip
33024

Country
USA

Zip
33024

Country
USA

4. FEI Number
65-0390559

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARY LOU WOOD
4512 N.W. 47TH TERRACE
TAMARAC, FL. 33319

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DONALD WOOD	
STREET ADDRESS	4512 N.W. 47TH TERRACE	
CITY-ST-ZIP	TAMARAC, FL. 33319	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARY LOU WOOD	
STREET ADDRESS	4512 N.W. 47TH TERRACE	
CITY-ST-ZIP	TAMARAC, FL. 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Marylou E Wood** **MARYLOU E WOOD** **4/26/00** **962-0059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90017 029 ***150.00

80085293

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)