

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009859

1. Entity Name

DOWNES INDUSTRIES, INC.

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90032 048 ***150.00

043/483

Principal Place of Business

2856 SW BRIGHTON WAY
PALM CITY FL 34990

Mailing Address

2856 SW BRIGHTON WAY
PALM CITY FL 34990

731555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1497 S.W. Jasmine Trace

Suite, Apt. #, etc.

3. Mailing Address

1497 S.W. Jasmine Trace

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-0386885

Applied For

Not Applicable

Zip
34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNES, GLENN E.
2856 SW BRIGHTON WAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

1497 S.W. Jasmine Trace

City

Palm City

FL

Zip Code

34990

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

Glenn Downes

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

(NOTE: Registered Agent signature required when reinstating)

3-13-01

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, 2001 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 PD
NAME DOWNES, GLENN E
STREET ADDRESS 2856 SW BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1497 S.W. Jasmine Trace
Palm City, FL 34990

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Glenn Downes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01 561-219-1492

Date

Daytime Phone #

CR2E034 (10/00)