2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90228 049 ***150.00

DOCUMENT # P93000030258

1. Entity Name
DOWNTOWN GRAPHICS, INC.

Principal Place of Business	Mailing Address
312 CLEMATIS STREET SUITE 408 WEST PALM BEACH FL 33401 US	312 CLEMATIS STREET SUITE 408 WEST PALM BEACH FL 33401 US

00050302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1700 SOUTH OLIVE AVE		1700 S. OLIVE AVE.	
Suite, Apt. #, etc.: 4		Suite, Apt. #, etc.: 4	
City & State: WEST PALM BEACH FL		City & State: WEST PALM BEACH FL	
Zip: 33401	Country: USA	Zip: 33401	Country: USA

4. FEI Number 65-0406469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOVOI, RAYMOND
3229 32 WAY
WEST PALM BEACH FL 33407

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] DATE 4/29/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVOI, RAYMOND 3229 32 WAY WEST PALM BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORENZO, ALEX 3229 32 WAY WEST PALM BEACH, FL 33401	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORENZO, ALEX 312 CLEMATIS ST., SUITE 408 W P B FL 33401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] 4/29/01 561-832-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #