

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/4/00-900

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90065 016 \*\*\*150.00

**DOCUMENT # P96000000329**

1. Entity Name  
**DOWNEAST SUPPORT SYSTEMS, INC.**

Principal Place of Business  
**2500 S. WAGLER WAY**  
**STUART FL 34984**  
**US**

Mailing Address  
**P.O. BOX 9889**  
**PALM CITY FL 33854-9889**  
**US**

2. Principal Place of Business  
**S.W. Ave. S. etc.**

3. Mailing Address  
**S.W. Ave. S. etc.**

City & State  
**City & State**

Zip  
**Country**

6. FE Number **05-0540025** Applied For  
 Not Applicable

8. Name and Address of Current Registered Agent  
**CRAFT, LAWRENCE E III**  
**555 COLORADO AVE**  
**STUART FL 34984**

7. Name and Address of Next Registered Agent  
**DEAN BRYAN**  
**3070 SW CAPTIVA COURT**  
**PALM CITY FL 33980**

9. The above named entity certifies this statement for the purpose of creating or registering an office or registered agent, or both, in the State of Florida.

SIGNATURE *Dean Bryan* **DEAN BRYAN** **3/29/00**

4. This corporation is eligible to satisfy the income tax filing requirement and elects to do so. (See orders on 6004)

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$200.00**  
**Make Check Payable to Department of State**

10. Section Campaign Financing Trust Fund Contribution.  \$5.00 May Be added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN **	
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>BRYAN, DEAN</b> <b>3070 SW CAPTIVA CT</b> <b>PALM CITY FL 33980</b>			
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SPURNAREL, DENISE</b> <b>2500 LONG BOAT WAY</b> <b>PALM CITY FL 33980</b>			
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PHOENIX, KRISTEN</b> <b>3504 SW WECAYA CIR</b> <b>PALM CITY FL 33980</b>			
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 749.07(2)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or its receiver or trustee authorized to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 11 or Block 12 or changed, or on an amendment with an address, with all other fee payors.

*Dean Bryan* **3/29/00**

00000004



DO NOT WRITE IN THIS SPACE

CREATED BY