

**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 HWY  
 STUART FL 34986  
 US**

Mailing Address  
**P.O. BOX 9889  
 PALM CITY FL 32909-0889  
 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**

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

5. Certificate of Status Desired  \$5.75 Additional Fee Required

6. 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  
**Name: DEAN BRYAN  
 Street Address (P.O. Box Number is Not Acceptable):  
 3070 SW CAPTIVA COURT  
 City: PALM CITY FL 32990**

8. 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

9. This corporation is eligible to satisfy the income tax filing requirement and elect 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. ADDITIONAL 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 3070 SW CAPTIVA CT PALM CITY FL 32990</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 2500 LONG BOAT WAY PALM CITY FL 32909</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>PHOEBUS, KRISTEN 3504 SW WECAYA CIR PALM CITY FL 32909</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
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 as changed, or on an agreement with an address, with all other fee payors.

SIGNATURE *Dean Bryan*

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Secretary of State