

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000329

1. Entity Name

DOWNEAST SUPPORT SYSTEMS, INC.

Principal Place of Business

2500 S. KANNER HWY
#3
STUART FL 34994
US

Mailing Address

P.O. BOX 1893
PALM CITY FL 34990
US

2. Principal Place of Business

3070 SW CAPTIVA CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0548625

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, DEAN
3070 SW CAPTIVA COURT
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

3070 SW CAPTIVA COURT

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, 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 D
NAME BRYAN, DEAN
STREET ADDRESS 3070 SW CAPTIVA CT
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE D
NAME SPUGNARDI, DENISE
STREET ADDRESS 2580 LONG BOAT WAY
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE D
NAME PHOEBUS, KRISTEN
STREET ADDRESS 1374 SW VIZCAYA CIR
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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 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; 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 unchanged, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90076 038 ***150.00

C0031913



DO NOT WRITE IN THIS SPACE