

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 023 ***150.00

DOCUMENT # P95000000329

1. Entity Name
DOWNEAST SUPPORT SYSTEMS, INC.



Principal Place of Business
**3070 SW CAPTIVA CT
PALM CITY FL 34990
US**

Mailing Address
**P.O. BOX 1893
PALM CITY FL 34990
US**



2. Principal Place of Business
2580 Longboat Way

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm City, FL
Zip
34990

Country
USA

City & State

Zip

Country

4. FEI Number **65-0548625**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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)
2580 Longboat Way
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D BRYAN, DEAN <input type="checkbox"/> Delete
STREET ADDRESS	3070 SW CAPTIVA CT
CITY-ST-ZIP	PALM CITY FL 34990
TITLE NAME	D SPUGNARDI, DENISE <input type="checkbox"/> Delete
STREET ADDRESS	2580 LONG BOAT WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE NAME	D PHOEBUS, KRISTEN <input type="checkbox"/> Delete
STREET ADDRESS	1374 SW VIZCAYA CIR
CITY-ST-ZIP	PALM CITY FL 34990
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2580 Longboat Way
CITY-ST-ZIP	Palm City, FL 34990
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2601 SW Estella Terrace
CITY-ST-ZIP	Palm City, FL 34990-1961
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **DEAN BRYAN** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)