

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081504

1. Entity Name

DENNIS DOWNES & ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90092 003 ***150.00

Principal Place of Business

Mailing Address

535 N.W. 36 AVENUE
 DEERFIELD BEACH FL 33442

535 N.W. 36 AVENUE
 DEERFIELD BEACH FL 33442-8023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0625731**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNES, DENNIS J
535 N.W. 36 AVENUE
DEERFIELD BEACH FL 33442

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DOWNES, DENNIS	
STREET ADDRESS	535 N W 36TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	DOWNES, SEAN P.	
STREET ADDRESS	535 N W 36TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	TRUDY E Downes	
STREET ADDRESS	535 NW 36th Ave	
CITY-ST-ZIP	Deerfield Bch, Fl 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *3/31/00*

DAYTIME PHONE #: *954-427-0034*

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE