

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066816

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90028 038 ***150.00

Entity Name
DOWN KETCHUP, INC.
Principal Place of Business
1350 Michigan
Winter Park, FL 32789
Mailing Address
1350 Michigan
Winter Park, FL 32789
US

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE
4. FEI Number 62-1650198
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
Ian Cain
1350 Michigan
Winter Park, FL 32789

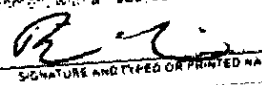
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 typed or printed name of registered agent and date if applicable
NOTE: Registered Agent signature required when reinstating
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 \$650.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 2000	
☐ Delete		☐ Change ☐ Add	
D Bret Kane 711 Lake Davis Dr Studio C Orlando, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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, as applicable, or on an attachment with an address, with another like empowered.

SIGNATURE:  Brian Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.00