

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90059 040 \*\*\*158.75

**DOCUMENT # P96000090881**

1. Entity Name  
**DOWNTOWN ASSOCIATES UNLIMITED, INC.**



Principal Place of Business  
**1415 DEAN STREET  
#109  
FORT MYERS FL 33901**

Mailing Address  
**1415 DEAN STREET  
#109  
FORT MYERS FL 33901**



2. Principal Place of Business  
**1611 Hendry St.**

3. Mailing Address  
**1611 Hendry St.**

Suite, Apt. #, etc.  
**#10**

Suite, Apt. #, etc.  
**#10**

CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Myers, Fl.**

City & State  
**Ft. Myers, Fl.**

4. FEI Number **65-0707852**

Applied For  
 Not Applicable

Zip **33901** Country

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

**6. Name and Address of Current Registered Agent**

**UNGAR, ALEXANDER K JR.  
1100 LINCOLN BLVD.  
LEHIGH ACRES FL 33936**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	<b>PVP SCHIEBER, KURT G 5940 SW 1ST AVENUE CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS SCHIEBER, KURT G 5940 SW 1ST AVENUE CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP Peeples, JoAnn 1418 Jefferson Ave. Ft. Myers, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS Peeples, JoAnn 1418 Jefferson Ave. Ft. Myers, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **JoAnn Peeples**  
SIGNATURE *JoAnn Peeples*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-03 239-337-3696  
Date Daytime Phone #

CR2E034 (10/02)