

# 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

3. Mailing Address

**1611 Hendry St.**

**1611 Hendry St.**

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

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

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

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

Zip  
**33901**

Country

Zip  
**33901**

Country

4. FEI Number **65-0707852**

Applied For  
☒ Not Applicable

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

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
SCHIEBER, KURT G  
5940 SW 1ST AVENUE  
CAPE CORAL FL 33914** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
Peeples, JoAnn  
1418 Jefferson Ave.  
Ft. Myers, FL 33901** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
SCHIEBER, KURT G  
5940 SW 1ST AVENUE  
CAPE CORAL FL 33914** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
Peeples, JoAnn  
1418 Jefferson Ave.  
Ft. Myers, FL 33901** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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STREET ADDRESS  
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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)