

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101328

1. Entity Name

DOWN ISLAND TRADING COMPANY

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90031 037 ***150.00

Principal Place of Business

712 B DUVAL ST
KEY WEST FL 33040

Mailing Address

PO BOX 1233
KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0882407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, SUSAN
712 B DUVAL STREET
KEY WEST FL 33041

7. Name and Address of New Registered Agent

Name **Pamela Childs**

Street Address (P.O. Box Number is Not Acceptable)

712 B DUVAL ST

City **KEY WEST**

FL

Zip Code **33040**

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

Pamela Childs
Signature, typed or printed name of registered agent and title if applicable.

DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

1-10-01

DATE

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, 2001 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

TITLE **D** ☐ Delete
NAME **WEBSTER, SUSAN**
STREET ADDRESS **1800 ATLANTIC BLVD UNIT A102**
CITY-ST-ZIP **KEY WEST FL 33041**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Pamela Childs**
STREET ADDRESS **712 B DUVAL ST**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☒ Change ☐ Addition
NAME **SUSAN WEBSTER**
STREET ADDRESS **712 B DUVAL ST**
CITY-ST-ZIP **KEY WEST, FL 33040**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Pamela Childs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

305 292 0409

Daytime Phone #

CR2E034 (10/00)

0491000