

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083204

1. Entity Name

**DOWNS & MEYER CONSULTING, INC.**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90194 001 \*\*\*150.00

03-07-2000 90194 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

21 MARINA TERRACE  
TREASURE ISLAND FL 33706

21 MARINA TERRACE  
TREASURE ISLAND FL 33706-1203

2. Principal Place of Business

3. Mailing Address

**13505 Icot Blvd**

**13505 Icot Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**203**

**203**

City & State

City & State

**Clearwater FL**

**Clearwater FL**

Zip

Country

Zip

Country

**33760 USA**

**33760 USA**

4. FEI Number

Applied For

**59-3604072**

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

**MEYER, KEITH  
21 MARINA TERRACE  
TREASURE ISLAND FL 33706**

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 *Keith L. Meyer* **Keith L. Meyer**

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

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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 ☒ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> 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	<b>P Keith Meyer</b>
STREET ADDRESS	<b>21 Marina Terr</b>
CITY-ST-ZIP	<b>Treasure Island, FL 33706</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V ERIC DOWNS</b>
STREET ADDRESS	<b>12332 Sun Vista Ct</b>
CITY-ST-ZIP	<b>Treasure Island, FL 33706</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Keith L. Meyer* **Keith L. Meyer** **3-4-00** **727-531-5319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)