

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091271

1. Entity Name

DOWN TICK INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90113 039 ***150.00

Principal Place of Business

10478 MATEO COURT
BOCA RATON FL 33498

Mailing Address

10478 MATEO COURT
BOCA RATON FL 33498-6729

2. Principal Place of Business

555 NE 15th St
Suite, Apt. #, etc.
#33B

3. Mailing Address

555 NE 15th St
Suite, Apt. #, etc.
#33B

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-0955929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIX, LARRY
10478 MATEO COURT
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

DIX, Larry

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

555 NE 15th St #33B

City

Miami, FL

FL

Zip Code

33132

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Larry Dix
CITY-ST-ZIP	555 NE 15th St #33B
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Jerry Dix
CITY-ST-ZIP	4600 Via Dolce #108
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria del Rey
STREET ADDRESS	CA 90292
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00 561-271-6227

CR2E034 (9/99)