

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90121 002 ***150.00

DOCUMENT # F98000002967

1. Entity Name
DOWNUNDER (1995) COMPANY, INC.

Principal Place of Business

200 W FORSYTH STREET
SUITE #1330
JACKSONVILLE FL 32202
US

Mailing Address

200 W FORSYTH STREET
SUITE #1330
JACKSONVILLE FL 32202
US

2. Principal Place of Business

200 East Forsyth Street

3. Mailing Address

200 East Forsyth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **58-2241505**

Applied For

Not Applicable

Zip
32202

Country
USA

Zip
32202

Country
USA

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

6. Name and Address of Current Registered Agent

MILLSAPS, WALTER S ESQ
200 WEST FORSYTH STREET
SUITE #1330
JACKSONVILLE FL 32202

SAME REGISTERED AGENT - NEW ADDRESS

7. Name and Address of New Registered Agent

Name **Millsaps, Walter S., Esq.**

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

200 East Forsyth Street

City **Jacksonville**

FL

Zip Code **32202**

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, 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. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEIGHT, ANTHONY V	
STREET ADDRESS	32 W. LOOCKERMAN ST	
CITY-ST-ZIP	DOVER DE 19904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WINNINGTON, PETER J	
STREET ADDRESS	32 W. LOOCKERMAN ST	
CITY-ST-ZIP	DOVER DE 19904	
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 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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 904-354-8100

Date

Daytime Phone #

CR2E034 (9/01)