

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90091 031 ***150.00

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DOCUMENT #1 L84108

1. Entity Name

DOWN UNDER MARINA RESTAURANT, INC.



Principal Place of Business
**A1A INTROCOASTAL WATERWAY
FERNANDINA BEACH FL 32034
US**

Mailing Address
**P.O. BOX 1006
FERNANDINA FL 32035-1006**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3021273**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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: ☐ Delete
NAME: **P MCCARTHY, BRIAN K**
STREET ADDRESS: **212 NORTH 14TH STREET**
CITY-ST-ZIP: **FERNANDINA BEACH FL**

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

TITLE: ☐ Delete
NAME: **V MCCARTHY, SUSAN M**
STREET ADDRESS: **212 N. 14TH STREET**
CITY-ST-ZIP: **FERNANDINA BEACH FL**

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

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: _____

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

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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. McCarthy **Brian K. McCarthy** May 28 (904) 277-1557
Date: _____ Daytime Phone # _____

CR2E034 (10/02)