

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000098862

FILED
Feb 01, 2003
Secretary of State

Entity Name: DOWN-UNDER VENTURES, INC.

Current Principal Place of Business:

871 PEREGRINE DR
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

871 PEREGRINE DR
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 41-1867632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, MARY SUSAN
871 PEREGRINE DR
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDWARDS, MARY SUSAN
Address: 871 PEREGRINE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: EDWARDS, MICHAEL E
Address: 871 PEREGRINE DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, MICHAEL N
Address: 871 PEREGRINE DR
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY SUSAN EDWARDS

PRES

02/01/2003

Electronic Signature of Signing Officer or Director

_____ Date