

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91490 019 ***150.00

DOCUMENT # P01000047422

1. Entity Name
BROTHERS DOWN UNDER, INC.



Principal Place of Business
HARBOUR LIGHTS REST
65 GUNLAWTON AVE
PORT ORANGE FL 32127

Mailing Address
HARBOUR LIGHTS REST
65 GUNLAWTON AVE
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
65 DONLAWTON AVE
City & State

Suite, Apt. #, etc.
65 DONLAWTON AVE
City & State

Zip Country

Zip Country

4. FEI Number
59-3719226

Applied For
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

CORTEZ, ALBERT J
132 LAKEWOOD VILLAGE
PORT ORANGE FL 32119

Name
Street Address (P.O. Box Number is Not Acceptable)
800 BANBURY DRIVE
City **PORT ORANGE** FL Zip Code **32129**

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 *Albert J Cortez* DATE **1-11-03**

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 **D. CORTEZ, ANTHONY**
STREET ADDRESS **192 BERMUDA PETREL COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE ☐ Delete
NAME **VP CORTEZ, ALBERT**
STREET ADDRESS **132 LAKEWOOD VILLAGE CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 BANBURY DRIVE**
CITY-ST-ZIP **PORT ORANGE, FL. 32129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 address, with all other like empowered.

SIGNATURE: *Albert J Cortez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-11-03** (386) 322-1708

Date Daytime Phone #

CR2E034 (10/02)