

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 034 ***158.75

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1. Entity Name

DOWNTOWN UNDERGROUND, INC.



Principal Place of Business

3525 SE 149TH LANE
SUMMERFIELD FL 34491

Mailing Address

P.O. BOX 159
BELLEVUE FL



2. Principal Place of Business - No P.O. Box #

11590 SE Hwy 441

3. Mailing Address

Suite, Apt. #, etc.

Bellevue, FL

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip
34420

Country

Zip

Country

4. FEI Number

75-3013376

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, PERRY M JR.
3525 SE 149TH LANE
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

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 date, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE P ☐ Delete
NAME CARTER, PERRY M JR.
STREET ADDRESS 3525 SE 149TH LANE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE S ☐ Delete
NAME CARTER, MACIE
STREET ADDRESS 3525 SE 149TH LN
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Carter, Perry M. J R
STREET ADDRESS 16975 SE 45TH CT
CITY-ST-ZIP SUMMERFIELD, FL 34491
Address

TITLE S ☒ Change ☐ Addition
NAME CARTER, MACIE
STREET ADDRESS 16975 SE 45TH CT
CITY-ST-ZIP SUMMERFIELD, FL 34491
Address

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

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

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

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 exemptions contained in Section 119, 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 like empowered.

SIGNATURE:

Mitchell Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

352-347-8021

Date

Daytime Phone #