

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90052 005 ***150.00

DOCUMENT # P93000001839

1. Entity Name

DOWNUNDER CONSTRUCTION, INC.

Principal Place of Business

109 RESERVE CIR., #201
 OVIEDO FL 32765

Mailing Address

109 RESERVE CIR., #201
 OVIEDO FL 32765

2. Principal Place of Business

800 PICKERINGTON PLACE

3. Mailing Address

800 PICKERINGTON PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

OVIEDO FL

Zip

32765

Country

SEMINOLE

Zip

32765

Country

SEMINOLE

4. FEI Number

59-3163285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, DENNIS F
815 ORIENTA AVE., #5
ALTAMONTE SPRINGS FL 32701-5620

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LALICH, MINDI**
 CITY-ST-ZIP **109 RESERVE CIRCLE, #201**
OVIEDO FL 32765

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **LALICH, ROBERT**
 CITY-ST-ZIP **109 RESERVE CIRCLE, #201**
OVIEDO FL 32765

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

ROBERT LALICH PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/08/01

Daytime Phone #

407 366 2234

CR2E034 (10/00)