

# 2000 UNIFORM BUSINESS REPORT (UBR)

PR

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90020 038 \*\*\*150.00

**DOCUMENT #** P95000022452

1. Entity Name

DOWN UNDER COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1762 BIG OAK LANE  
 KISSIMMEE, FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

BUU85413

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK T. REED  
 1762 BIG OAK LANE  
 KISSIMMEE, FL 34746

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.

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 \$61.25 + 1/50.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT / DIRECTOR ☐ Delete  
 NAME: MARK T. REED  
 STREET ADDRESS: 1762 BIG OAK LANE  
 CITY-ST-ZIP: KISSIMMEE, FL 34746

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

TITLE: VICE-PRESIDENT ☐ Delete  
 NAME: MARK T. REED  
 STREET ADDRESS: 1762 BIG OAK LANE  
 CITY-ST-ZIP: KISSIMMEE, FL 34746

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

TITLE: SECRETARY ☐ Delete  
 NAME: MARK T. REED  
 STREET ADDRESS: SAME AS ABOVE  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: TREASURER ☐ Delete  
 NAME: MARK T. REED  
 STREET ADDRESS: SAME AS ABOVE  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: DIRECTOR ☐ Delete  
 NAME: LOIS P. REED  
 STREET ADDRESS: 1762 BIG OAK LANE  
 CITY-ST-ZIP: KISSIMMEE, FL 34746

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

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

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

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T. REED 4/17/00 409-933-1523

Date

Daytime Phone #

CR2E037 (9/99)