

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033750

1. Entity Name

DOWN UNDER RESTORATION AND CLEANING SYSTEMS, INC

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90118 049 ***150.00

Principal Place of Business

Mailing Address

~~4124 DALE AVE.~~
NAPLES FL 34112

~~4124 DALE AVE.~~
NAPLES FL 34112-6736

2. Principal Place of Business

3225 LACOSTA CIR. #303

3. Mailing Address

3225 LACOSTA CIR #303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

34105

Country

Zip

34105

Country

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

WHEWELL, DAN

~~4124 DALE AVE.~~
NAPLES FL 34112

Name

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

3225 LACOSTA CIRCLE #303

City

FL

Zip Code

34105

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

Daniel A. Whewell

President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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, 2000 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 PT
STREET ADDRESS WHEWELL, DAN
CITY-ST-ZIP ~~4124 DALE AVE.~~
NAPLES FL 34112

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3225 LACOSTA CIRCLE #303
CITY-ST-ZIP 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Daniel A. Whewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

(941) 775-3677