

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004312

1. Entity Name
THE CUTTERS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90110 006 ***150.00

Principal Place of Business

1145 W. LONG LAKE RD
SUITE 201
BLOOMFIELD HILLS MI 48302

Mailing Address

1145 W. LONG LAKE RD
SUITE 201
BLOOMFIELD HILLS MI 48302

2. Principal Place of Business

40900 Woodward Ave.
Suite 110
Bloomfield Hills, MI
48304 USA

3. Mailing Address

40900 Woodward Ave.
Suite 110
Bloomfield Hills, MI
48304 USA



DO NOT WRITE IN THIS SPACE

City & State

Bloomfield Hills, MI

City & State

Bloomfield Hills, MI

4. FEI Number

38-2362065

Applied For

Not Applicable

Zip

48304

Country

USA

Zip

48304

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWARD F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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.

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

TITLE PVST
NAME JONES, ROBERT
STREET ADDRESS 171 MARINE DR.
CITY-ST-ZIP ST CLAIR BEACH ONTARIO CANADA N8N -4K1

TITLE D
NAME JONES, ROBERT
STREET ADDRESS 171 MARINE DR.
CITY-ST-ZIP ST CLAIR BEACH ONTARIO CANADA N8N -4K1

TITLE S
NAME PRANTERA, LOU
STREET ADDRESS 128 MERENTETTE DR.
CITY-ST-ZIP BELLE RIVER, ONTARIO, CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Lou Pranter

Lou Pranter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

(313) 963-0917

Daytime Phone #

CR2E034 (10/00)