

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83658

1. Entity Name

LEXINGTON CUTTER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90009 037 ***158.75

Principal Place of Business

Mailing Address

2951 63RD AVE E
 BRADENTON FL 34203

2951 63RD AVE E
 BRADENTON FL 34203-5308

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

59-2797999

Applied For

Not Applicable

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

ENANDER, PAUL J.
7116 SADDLECREEK WAY
SARASOTA FL 34241

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, 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	PTD	<input type="checkbox"/> Delete
NAME	ENANDER, PAUL J.	
STREET ADDRESS	7116 SADDLECREEK WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENANDER, LAURIE D.	
STREET ADDRESS	7116 SADDLECREEK WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHENCK, RAY	
STREET ADDRESS	2951 EAST 63 AVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ST. ESPRIT, JUNITA	
STREET ADDRESS	4030 S. MARK DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-2000 941-739-2726

CR2E034 (9/99)