2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L65511

1. Entity Name

DIANE H. TUTT, P.A.



FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90972 012 ***150.00

						COO NE TO					
Principal Place of Business 8211 W BROWARD BLVD SUITE 420 PLANTATION FL 33324 US			Mailing Address 8211 W BROWARD BLVD SUITE 420 PLANTATION FL 33324 US								
				3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State				4 . F	65-0188217			pplied For ot Applicable
Zip Country			Žip	,			5. C	Certificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Current F	legistere	ed Agent			7 N	ame and Address of New Registe	red A	gent	
						Name					
DIANE N. TUTT (NO CHARGE) 8211 W BROWARD BLVD					-	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 42											
PLANTATION FL 33324						City	FL Zip Code				
the obligat	tions of regist	r submits this statement for ered agent.	•	· .		OMICE OF REGIS	÷ .	ent, or both, in the State of Florida. I	am fa	miliar with,	and accept
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Election Campaign Financing Trust Fund Contribution.	' _□		0 May Be I to Fees
10.	-	OFFICERS AND D	IRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICERS	AND [DIRECTORS	3 IN 11
NTLE NAME STREET ADDRESS CITY-ST-ZIP		NE H. ROWARD BLVD #420 DN FL 33324		☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST-			*** A ****		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A				[Change	☐ Addition
TITLE				☐ Delete	TITLE				ſ	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 607, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

ExtREDiane H. Tutt 2-27-03

475-9933

☐ Addition

Dayti

Daytime Phone #

☐ Change

(20/01) #503200