

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-30-2003 90068 050 ***150.00
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DOCUMENT # **P01000050122**

1. Entity Name
CUTS PLUS, INC.



FILED
03 AUG 28 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5505 NORTH OCEAN BLVD., #2-202
OCEAN RIDGE FL 33435**

Mailing Address
**5505 NORTH OCEAN BLVD., #2-202
OCEAN RIDGE FL 33435**



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1105922**

Applied For
Not Applicable

Zip

Country

Zip

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

**GRAHAM, JAMES
5505 NORTH OCEAN BLVD., #2-202
OCEAN RIDGE FL 33435**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D GRAHAM, JAMES	5505 NORTH OCEAN BLVD., #2-202	OCEAN RIDGE FL 33435	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07-26-03** Daytime Phone # **1-561-732-7772**

CR2E034 (4/03)

11/19

**Florida Department of State
Division of Corporations**

August 26, 2003

To Whom It May Concern:

We did not receive a renewal notice therefore we thought our accountant did and took care of it. He did not receive the renewal notice either. Please help us and except our check for \$ 150.00.

Thank you,

A handwritten signature in black ink, appearing to be a stylized name, possibly "A. P.", written in a cursive style.