

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90115 024 ***150.00

DOCUMENT # 246742

1. Entity Name
DUTCHER-HIGGINBOTHAM & BASS, INC.

Principal Place of Business

**3601 S.E. OCEAN BLVD
 STUART FL 34996**

Mailing Address

**3601 S.E. OCEAN BLVD
 STUART FL 34996**

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
59-0917523

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

**DUTCHER, STEPHEN M.
 164 EDGEWATER DR
 #2001
 PALM CITY FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)
144 NE Edgewater Dr #3001

City
Stuart

FL

Zip Code
34996

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 DUTCHER, STEPHEN M.
 164 EDGEWATER DR-#2001
 STUART FL 34996**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**144 NE Edgewater Dr #3001
 Stuart, FL 34996**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 POTTER, MARTHA K *POLL
 1456 NE OCEAN BLVD
 STUART FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AT
 DUTCHER, LLOYD E
 1701 SW CAPRI ST.
 PALM CITY FL 34990**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **Stephen M Dutcher** **1/25/02** **561-286-7600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)