

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01292

1. Entity Name

DAVID F. CUTHBERTSON, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90092 021 ***150.00

Principal Place of Business

Mailing Address

516 NW 22ND STREET
WILTON MANORS FL 33311
US

516 NW 22ND STREET
WILTON MANORS FL 33311
US

00036430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2041136

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

RUYMANN, WILLIAM G
2614 NE 15 ST.
FT. LAUDERDALE FL 33304

Name WILLIAM McK. GIBSON, JR.

Street Address (P.O. Box Number is Not Acceptable)

1121 E. BROWARD BLVD.

City FT. LAUDERDALE

FL

Zip Code 33301

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 *William McK. Gibson Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-09-01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME CUTHBERTSON, DAVID F ☐ Delete
STREET ADDRESS 516 NW 22ND ST
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *David F. Cuthbertson, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 954-565-9628
Date Daytime Phone #

DAVID F. CUTHBERTSON

CR2E034 (10/00)