

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90146 027 ***150.00

DOCUMENT # F31984

1. Entity Name
JOHN A. TUTTLE, INC.

Principal Place of Business

**7211 WHITE BIRCH DR
 C/O JOHN TUTTLE
 JACKSONVILLE FL 32277
 US**

Mailing Address

**7211 WHITE BIRCH DR
 C/O JOHN TUTTLE
 JACKSONVILLE FL 32277
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7211 WHITE BIRCH DR.

Suite, Apt. #, etc.

C/O VELMA TUTTLE

City & State

JACKSONVILLE FL

Zip
32277

Country

US

3. Mailing Address

7211 WHITE BIRCH DR.

Suite, Apt. #, etc.

C/O VELMA TUTTLE

City & State

JACKSONVILLE, FL

Zip
32277

Country

US

4. FEI Number

59-2103296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TUTTLE, JOHN A

7211 WHITE BIRCH DR

JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

VELMA TUTTLE

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

7211 WHITE BIRCH DR.

City

JACKSONVILLE,

FL

Zip Code

32277

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

X Velma Tuttle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 2-4-02

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

TITLE **DVS** ☒ Delete
 NAME **TUTTLE, JOHN A**
 STREET ADDRESS **7211 WHITE BIRCH DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 32277**

TITLE **DPT** ☐ Delete
 NAME **TUTTLE, VELMA**
 STREET ADDRESS **7211 WHITE BIRCH DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 32277**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DPVST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *X Velma Tuttle* **VELMA T. TUTTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-4-02

Date

X 904-744-6449

Daytime Phone #

CR2E034 (9/01)