6/28/00

2000 UNIFORM BUSINESS REPORT (UBR)

05-31-2000 90075 036 ***150.00

DOCUMENT # F94000004312

Entity Name
THE CUTTERS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 7:00

B0101115

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
15 W. LONG LAKE RD.	1145 W. LONG LAKE RD
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State BLOOMFIELD HILLS MI	City & State BLOOMFIELD HILLS MI
Zip 48302	Country US
Zip 48302	Country US

4. FEI Number
38-2362065
☐ 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
BLANTON, EDWARD F 825 THOMASVILLE RD. TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PVST JONES, ROBERT 171 MARINE DRIVE ST. CLAIR BEACH, ONT CANADA N8N1K1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D JONES, ROBERT 171 MARINE DRIVE ST CLAIR BEACH, ONT CANADA N8N1K1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S PRANTERA, LOU 128 MARENTETTE DR. BELLE RIVER, ONT CANADA N0R1A0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

6/28

CR2E034 (9/89)

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: Lou Prantera Lou Prantera 5/15/00 (313)963-0917

FILING OFFICER'S NAME (PRINTED) AND TITLE OF OFFICER OR DIRECTOR Date Daytime Phone

6/7