

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44690

1. Entity Name
CUTTLER CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90020 037 ***150.00

Principal Place of Business
**4100 N WASHINGTON BLVD
SARASOTA FL 34234
US**

Mailing Address
**4100 N WASHINGTON BLVD
SARASOTA FL 34234-4839
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2271295**
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

**CUTTLER, MICHAEL A.
4100 N WASHINGTON BLVD
SARASOTA FL 34234**

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.

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, 2000 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	CUTTLER, MICHAEL A	1909 N WASHINGTON BLVD SARASOTA, FL 00000	<input type="checkbox"/> Delete			
	DT	CUTTLER, MARCIA	1909 N WASHINGTON BLVD SARASOTA, FL 00000	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
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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: MARCIA CUTTLER **941-365-0466**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #