

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90084 033 \*\*\*150.00

**DOCUMENT # J46435**

1. Entity Name ..

**THE ETUTS MANAGEMENT GROUP, INC.**

Principal Place of Business

**5874 BRIARCLIFF RAOD  
 FT MYERS FL 33912**

Mailing Address

**5874 BRIARCLIFF RAOD  
 FT MYERS FL 33912**

2. Principal Place of Business

**1445 Medoc Lane**

Suite, Apt. #, etc.

3. Mailing Address

**1445 Medoc Lane**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ft. Myers FL**

City & State

**Ft. Myers FL**

4. FEI Number

**59-2767643**

Applied For

Not Applicable

Zip

Country

**33919 USA**

Zip

Country

**33919 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ARMSTRONG, KENNETH F.  
 5874 BRIARCLIFF ROAD  
 FT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

**Rick A Armstrong**

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

**1445 Medoc Lane**

City

**Ft. Myers**

FL

Zip Code

**33919**

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

**Rick Armstrong**

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

(NOTE: Registered Agent signature required when reinstating)

**3/ 10/**

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

TITLE **PST** ☒ Delete  
 NAME **ARMSTRONG, KENNETH F.**  
 STREET ADDRESS **6010 FOREST BLVD**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE **V** ☐ Delete  
 NAME **ARMSTRONG, RICK A.**  
 STREET ADDRESS **6010 FOREST BLVD**  
 CITY-ST-ZIP **FT MYERS FL**

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 **Armstrong, Rick A** ☒ Change ☐ Addition  
 NAME **1445 Medoc Lane**  
 STREET ADDRESS **PST**  
 CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE ☐ 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:

**Rick Armstrong**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/27/01**

**941-481-5520**

Daytime Phone #

CR2E034 (10/00)