

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K01349**

1. Entity Name  
CUT, INC.



Principal Place of Business  
7448 ROYAL PALM BLVD.  
MARGATE, FL 33063

Mailing Address  
7448 ROYAL PALM BLVD.  
MARGATE, FL 33063

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**



08092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE Number  
65-0024369  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOLLMAN, IVAN  
1904 NW 77 AVE  
MARGATE, FL 33073

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WOLLMAN, IVAN
STREET ADDRESS	1904 NW 77 AVE
CITY-ST-ZIP	MARGATE, FL
TITLE	D
NAME	WOLLMAN HELEN
STREET ADDRESS	1904 NW 77 AVE
CITY-ST-ZIP	MARGATE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000171247  
08/30/04-80010-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ivan Wollman* **IVAN WOLLMAN** 23 Aug 04 9549779900