

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90059 039 ***150.00

DOCUMENT # K40545

1. Entity Name
GENE CUTCHIN CONSTRUCTION, INC.



Principal Place of Business
2140 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

Mailing Address
2140 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business
1687 Woodville Hwy
Suite, Apt. #, etc.

3. Mailing Address
1687 Woodville Hwy
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Crawfordville, FL

City & State
Crawfordville, FL

4. FEI Number **59-2914791**

Applied For
Not Applicable

Zip Country
32327 Wakulla

Zip Country
32327 Wakulla

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUTCHIN, EUGENE E.
1087 WOODVILLE HWY
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name
Eugene E. Cutchin
Street Address (P.O. Box Number is Not Acceptable)
1687 Woodville Hwy
City
Crawfordville FL Zip Code
32327

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 *Eugene E. Cutchin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CUTCHIN, EUGENE E.**
STREET ADDRESS **1687 WOODVILLE HWY**
CITY-ST-ZIP **CRAWFORDVILLE FL**

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

TITLE **VD** ☐ Delete
NAME **CUTCHIN, ELMA, L**
STREET ADDRESS **1687 WOODVILLE HWY**
CITY-ST-ZIP **CRAWFORDVILLE FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene E. Cutchin* **VICE President** **1-31-03** **(850) 925-4363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)