

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63915

1. Entity Name

FUTURE DEVICES, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90435 034 ***150.00

Principal Place of Business

P.O. BOX 11065
SARASOTA FL 34278
US

Mailing Address

POST OFFICE BOX 11065
SARASOTA FL 34278-1065
US

2. Principal Place of Business

7291 W Country Club DR
Suite, Apt. #, etc.
119
City & State
Sarasota, FL

3. Mailing Address

7291 W Country Club DR
Suite, Apt. #, etc.
119
City & State
Sarasota, FL

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL
Zip
34243
Country
USA

City & State

Sarasota, FL
Zip
34243
Country
USA

4. FEI Number 59-3012104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERTRAND, ROBERT J.
202 E. WALNUT ST.
LAKELAND FL 33800

7. Name and Address of New Registered Agent

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 Ralph E. Nutter
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-26-00

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

TITLE	DPT
NAME	NUTTER, RALPH E.
STREET ADDRESS	P. O. BOX 11065 N/A - change
CITY-ST-ZIP	SARASOTA FL
TITLE	S
NAME	NUTTER, SONJA, FAYE
STREET ADDRESS	P. O. BOX 11065 N/A - change
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	FUTURE DEVICES, INC.	<input checked="" type="checkbox"/> Addition
NAME	PO. Box 8238	
STREET ADDRESS	Longboat Key FL 34228	
CITY-ST-ZIP		
TITLE	Sec. Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonja Faye Nutter	
STREET ADDRESS	7291 W Country Club DR. N. 119	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph E. Nutter	
STREET ADDRESS	7291 W Country Club DR. N. 119	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ralph E. Nutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date Daytime Phone #