

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95246

1. Entity Name

DUTTON HOLDING COMPANY

Principal Place of Business

1400 15TH STREET NORTH
SUITE 201
IMMOKALEE FL 33934

Mailing Address

1400 15TH STREET NORTH
SUITE 201
IMMOKALEE FL 33934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOARDMAN, THOMAS K.
1400 15TH STREET NORTH, SUITE 201
IMMOKALEE FL 33934

7. Name and Address of New Registered Agent

Name

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

City

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's 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, 2001 Fee will be \$650.00
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
BOARDMAN, THOMAS K.
1400 15TH ST, N, STE 201
IMMOKALEE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
BOARDMAN, JENNIFER A.
RT 2 BX 134 POLLYWAG PT
LA BELLE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DST
BOARDMAN, CYNTHIA J.
RT 2 BX 134 POLLYWAG PT
LA BELLE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90133 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077373

Applied For
Not Applicable

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional
Fee Required

CR2E034 (10/00)