## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M99020** 1. Entity Name

## FILED Jan 24, 2001 8:00 am Secretary of State

MCCUTCHEN, M.S., P.	.A.					01-24-2001	•	1 ***150	).00
Principal Place of Business 3021 SW 27TH AVE. OCALA FL 34474 US		Mailing Address 3021 SW 27TH AVENUE 1109 S.W. 96TH ST. OCALA FL 34474 US				D0007240			
lace of Business	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SF	ACE	
е	Cit	y & State		4. FEI Number 59-2911931 Applied For Not Applicat					
Country Zip		)	Country 5		5. (	\$9.75 Additional			ditional
6. Name and Address of Current Registered Agent				Name	7. N	lame and Address of New F	Registered Ag	jent	
MCCUTCHEN, MARY B. 1109 S.W. 96TH ST. GAINESVILLE FL 32607					ss (P.O. B	ox Number is Not Acceptable	e)		
				City			FI	Zip Cod	 e
	ingible	FILE NOW After MAY 1, 20	!!! FEE 01 Fee	IS \$150.00 will be \$550.0	00	10. Election Campaign Fir			<b>0</b> May Be
OFFICERS	AND DIRECT	ORS ·	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11
P MCCUTCHEN, MARY B. 1109 SW 96TH ST GAINESVILLE FL		☐ Delete	NAM STRE	IE - EET ADDRESS				Change	☐ Addition
T MCCUTCHEN, WILLIAM N. 1109 S.W. 96TH STREET GAINESVILLE FL		☐ Delete	NAM STRE	IE Eet address				Change	☐ Addition
	_	□ Delete -	NAM STRE	EET ADDRESS	_			Change	Addition
		☐ Delete	NAM STRE	EET ADDRESS	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
	·	☐ Delete	NAM				·	Change	☐ Addition
				EET ADDRESS '-ST-ZIP					
	e of Business  AVE. 74  lace of Business #, etc.  e  Country  6. Name and Address of Cu UTCHEN, MARY B. S.W. 96TH ST. IESVILLE FL 32607  named entity submits this staten  Signature, typed or printed name of registere pration is eligible to satisfy its Inta equirement and elects to do so. ia on back)  OFFICERS  P  MCCUTCHEN, MARY B. 1109 SW 96TH ST  GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N. 1109 S.W. 96TH STREET GAINESVILLE FL	e of Business Mail  AVE. 3021  74 1109  OCAL  US  lace of Business 3. Mail  #, etc. Su  e Cit  Country Zig  6. Name and Address of Current Register  UTCHEN, MARY B. S.W. 96TH ST.  JESVILLE FL 32607  Inamed entity submits this statement for the puring signature, typed or printed name of registered agent and title if as pration is eligible to satisfy its Intangible equirement and elects to do so.  ia on back)  OFFICERS AND DIRECTO  P  MCCUTCHEN, MARY B.  1109 SW 96TH ST  GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N.  1109 S.W. 96TH STREET  GAINESVILLE FL	e of Business  AVE.  4  3021 SW 27TH AVENUE 1109 S.W. 98TH ST. OCALA FL 34474 US  lace of Business  3. Mailing Address #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  UTCHEN, MARY B. S.W. 96TH ST. JESVILLE FL 32607  Signature, typed or printed name of registered agent and title if applicable.  (NOT)  Voration is eligible to satisfy its Intangible equirement and elects to do so. is on back)  OFFICERS AND DIRECTORS  P  MCCUTCHEN, MARY B. 1109 SW 96TH ST GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N. 1109 S.W. 96TH STREET GAINESVILLE FL  T  Delete  Delete	e of Business  AVE.  3021 SW 27TH AVENUE 1109 SW, 96TH ST. OCALA FL 34474 US  lace of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Cour  6. Name and Address of Current Registered Agent  UTCHEN, MARY B. S.W. 96TH ST. IESVILLE FL 32607  After MAY 1, 2001 Fee After MAY 1, 2001 Fee Gainerent and elects to do so. ia on back)  OFFICERS AND DIRECTORS  12.  P  MCCUTCHEN, MARY B. 1109 SW 96TH ST GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N. 1109 S.W. 96TH STREET GAINESVILLE FL  T  Delete  TITL  T  Delete	ave of Business  AVE.  3021 SW 27TH AVENUE 1109 S.W. 96TH ST. CCALA FL 34474 US  Part of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  City & State  Country  City & State  Country  6. Name and Address of Current Registered Agent  Name  UTCHEN, MARY B. S.W. 96TH ST. ESVILLE FL 32607  City  named entity submits this statement for the purpose of changing its registered office or registered agent and title # spplicable.  Particon is eligible to satisfy its Intangible equirement and elects to do so. Is on back)  OFFICERS AND DIRECTORS  P  MCCUTCHEN, MARY B. 1109 SW 96TH ST GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N. 1109 S.W. 96TH STREET GAINESVILLE FL  T  Delete  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  TITLE	e of Business  AVE.  3021 SW 27TH AVENUE 1109 S.W. 98TH ST. OCALA FL 34474 US  lace of Business  3. Mailing Address  4. etc.  Country  Zip  Country  Zip  Country  5. C  6. Name and Address of Current Registered Agent  Name UTCHEN, MARY B. S.W. 96TH ST. ESVILLE FL 32607  City  named entity submits this statement for the purpose of changing its registered office or registered agent  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  P  MCCUTCHEN, MARY B. 1109 SW 96TH ST  GAINESVILLE FL  T  MCCUTCHEN, WILLIAM N. 1109 SW 96TH ST  GAINESVILLE FL  T  Delete  TITLE  MAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE  MAME SIREET ADDRESS CITY-ST-ZIP	a of Business  AVE.  AVE	a of Business   AVE. 3021 SW 27TH AVENUE 1109 SW SWTH ST. OCALA Ft. 34474 IS   Tace of Business   3. Mailing Address   4. FEI Number 59-2911931   Country   Zip   Country   S. Certificate of Status Desired   F. etc.   Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SE   Country   S. Certificate of Status Desired   F. etc.   Suite, Apt. 5, etc.   A. FEI Number 59-2911931   S. Certificate of Status Desired   F. Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)  UTCHEN, MARY B.   S.W. 95TH ST.   ESVILLE FL 32607   City   FL  named entity submits thus statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Popularie, types or printed name of registered agent and lite if septicable.   ONTE Registered Agent agent and septicable agent agent and lite if septicable.   ONTE Registered Agent agent agent and lite if septicable.   ONTE Registered Agent agent agent and lite if septicable.   ONTE Registered Agent agent agent and lite if septicable.   ONTE Registered Agent age	a of Business

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.)