

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99942

1. Entity Name

JOSEPH M. DUTMERS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90051 003 ***150.00

Principal Place of Business

1544 MARKET CIRCLE, UNIT 11
PORT CHARLOTTE FL 33953

Mailing Address

% JOSEPH M. DUTMERS
4316 BRANDYWINE
SARASOTA FL 34241

705748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2785 Commerce Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

City & State

City & State

4. FEI Number 65-0071498

Applied For

Not Applicable

Zip

Country

Zip

Country

3428-6

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUTMERS, JOSEPH M.
4316 BRANDYWINE
SARASOTA FL 34241

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

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

(NOTE: Registered Agent 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DUTMERS, JOSEPH M.
STREET ADDRESS 4316 BRANDYWINE
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

944 429 8500

Daytime Phone #

CR2E034 (10/00)