

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012922

1. Entity Name
TEEZ AND MORE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90062 020 ***150.00

Principal Place of Business
10240 REFLECTIONS BLVD W #102
FT LAUDERDALE FL 33351

Mailing Address
10240 REFLECTIONS BLVD W #102
FT LAUDERDALE FL 33351

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

7. Name and Address of New Registered Agent

CUTTER, MICHAEL
10240 REFLECTIONS BLVD W #102
FT LAUDERDALE FL 33351

Name

Cutter Michael

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

8630 NW 51st

City

Fort Lauderdale FL

Zip

33351

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 D ☐ Delete
NAME CUTTER, MICHAEL
STREET ADDRESS 10240 REFLECTIONS BLVD W #102
CITY-ST-ZIP FT LAUDERDALE FL 33351

TITLE D ☒ Change ☐ Addition
NAME Cutter Michael
STREET ADDRESS 8630 NW 51st
CITY-ST-ZIP Ft Lauderdale FL 33351

TITLE D ☐ Delete
NAME CUTTER, DENISE
STREET ADDRESS 10240 REFLECTIONS BLVD W #102
CITY-ST-ZIP FT LAUDERDALE FL 33351

TITLE D ☒ Change ☐ Addition
NAME Cutter Denise
STREET ADDRESS 8630 NW 51st
CITY-ST-ZIP Ft Lauderdale FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)