

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2001 90062 020 ***150.00

DOCUMENT # P00000012922

1. Entity Name
TEEZ AND MORE, INC.

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

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

472381



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 65-0978181

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**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 51 ct**
 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]* **Michael Cutter** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	CUTTER, MICHAEL	
STREET ADDRESS	10240 REFLECTIONS BLVD W #102	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTTER, DENISE	
STREET ADDRESS	10240 REFLECTIONS BLVD W #102	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cutter Michael	
STREET ADDRESS	8630 NW 51 ct	
CITY-ST-ZIP	FT Lauderdale FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cutter Denise	
STREET ADDRESS	8630 NW 51 ct	
CITY-ST-ZIP	FT Lauderdale FL 33351	
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: *[Signature]* **Michael Cutter** DATE **4/30/01** DAYTIME PHONE # **954-232-4804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)