

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92205 006 ***150.00

0564874 AV

DOCUMENT # P00000038955

1. Entity Name
SHOWS BY JUTTA, INC.



Principal Place of Business
**6051 MEDICI
APT 107
SARASOTA FL 34243**

Mailing Address
**6051 MEDICI
APT 107
SARASOTA FL 34243**



2. Principal Place of Business
7382 ELEANOR Circle

3. Mailing Address
7382 ELEANOR Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA, FL

4. FEI Number **65-1001221**

Applied For
Not Applicable

Zip **34243** Country

Zip **34243** 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

**TOTH, JUTTA W
6051 MEDICI
APT 107
SARASOTA FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)
7382 ELEANOR Circle

City **SARASOTA**

FL

Zip Code **34243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JUTTA TOTU**

(NOTE: Registered Agent signature required when reinstating)

3-12-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOTH, JUTTA W**
CITY-ST-ZIP **6051 MEDICI APT #107
SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7382 ELEANOR Circle**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JUTTA TOTU**

3-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)