

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90008 016 \*\*\*150.00

DOCUMENT # **P006000045554**

1. Entity Name:

CUT TREK HOMES, INC.

Principal Place of Business

2532 SW 31<sup>ST</sup> TERRACE  
 CAPE CORAL, FL 33914

Mailing Address

P.O. BOX 15238  
 CAPE CORAL, FL 33915

2. Principal Place of Business

2532 SW 31<sup>ST</sup> TERRACE

3. Mailing Address

PO Box 15238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

Zip

33915

Country

USA

4. FEI Number

65-1076278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JESSE MILLER  
 2632 SW 31<sup>ST</sup> TERRACE  
 CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name **JESSE MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
 2532 SW 31<sup>ST</sup> TERRACE

City **CAPE CORAL**

**FL**

Zip Code  
**33914**

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

*Jesse Miller* **JESSE MILLER, PRESIDENT**

**5/29/01**

(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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>JESSE MILLER</b>
CITY-ST-ZIP	<b>2632 SW 31<sup>ST</sup> TERRACE CAPE CORAL, FL 33914</b>
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	
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:

*Jesse Miller* **JESSE MILLER, PRESIDENT**

**5/29/01**

Date

**(941) 242-0678**

Daytime Phone #

CR2E034 (11/00)