

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90073 038 \*\*\*150.00

0054722

**DOCUMENT # P00000089369**

1. Entity Name

**GUTROT, INC.**

Principal Place of Business

Mailing Address

**3660 WATER CREST DRIVE  
 LONGWOOD FL 32779**

**3660 WATER CREST DRIVE  
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

**3660 Watercrest Dr.**

**3660 Watercrest Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Longwood FL.**

**Longwood FL.**

Zip

Country

Zip

Country

**32779**

**Seminole**

**32779**

**Seminole**

4. FEI Number

**59-3678430**

Applied For

☐ Not Applicable

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name

**Fred Bowman**

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

**4530 Jim Glenn Dr**

City

**Orlando**

FL

Zip Code

**32808**

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 **Fred S. Bowman VP**

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

*Fred S. Bowman*

(NOTE: Registered Agent signature required when reinstating)

**4-18-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, STEVE 3660 WATER CREST DRIVE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Rose, STEVE 3660 WATERCREST Dr. Longwood, FL. 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTB Bowman, Fred 4530 Jim Glenn Dr. Orlando, FL. 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wanat, Nick 2818 Zephyr Rd. Orlando, FL. 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hendrick, Joel 231 Caldwell St. Apopka, FL. 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Steve Rose**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steve Rose**

**4-25-01**

Date

**407-862-1685**

Daytime Phone #

CR2E034 (10/00)