

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091223

1. Entity Name
GUTTA AND MAKAR, INC.

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

08-14-2001 90011 025 ***150.00

0102606 AV

Principal Place of Business
970 ROLLINGWOOD LOOP, #102
CASSELBERRY FL 32707

Mailing Address
970 ROLLINGWOOD LOOP, #102
CASSELBERRY FL 32707

UUU61226



2. Principal Place of Business

3. Mailing Address
311 W COLUMBIA AVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc

Apt. D

City & State

City & State
KISSIMMEE FL

4. FEI Number
59-5700520

Approved For
Not Applicable

Zip

County

Zip
34741

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

NOWELL, SIDNEY M
4 OLD KINGS RD N, SUITE B
PALM COAST FL 32137

Name

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

City

FL

Zip Code

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 the registered agent and the entity

(NOTE: Registered Agent's 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS MAKAROV, SERGEY
CITY-ST-ZIP 970 ROLLINGWOOD LOOP, #102
CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 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

DIRECTOR
S. MAKAROV

07/31/01