

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90077 023 ***150.00

0116171 AV

DOCUMENT # P01000007872

1. Entity Name
NUTZ INC

Principal Place of Business

**5540 SAND LAKE DRIVE
 MELBOURNE FL 32934**

Mailing Address

**5540 SAND LAKE DRIVE
 MELBOURNE FL 32934**

2. Principal Place of Business

1213 Thallan Ln NW
 Suite, Apt. #, etc.

3. Mailing Address

1213 Thallan Ln NW
 Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32907

Country

USA

Zip

32907

Country

USA

4. FEI Number

59-3700019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VINES, GEORGE J
 5540 SAND LAKE DRIVE
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

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 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, 2002 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 **D** ☐ Delete
 NAME **VINES, GEORGE J**
 STREET ADDRESS **5540 SAND LAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☒ Change ☐ Addition
 NAME **Vines, George J**
 STREET ADDRESS **1213 Thallan Ln NW**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Vines, Karen**
 STREET ADDRESS **1213 Thallan Ln NW**
 CITY-ST-ZIP **Palm Bay, FL 32907**

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

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

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

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

321-956-6965

Daytime Phone #

CR2E034 (9/01)