

2002 UNIFORM BUSINESS REPORT (UBR)

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 Thallar Ln NW

3. Mailing Address
1213 Thallar Ln NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Bay, FL

City & State
Palm Bay, FL

Zip 32907

Zip 32907

Country USA

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

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
NAME VINES, GEORGE J
STREET ADDRESS 5540 SAND LAKE DRIVE
CITY-ST-ZIP MELBOURNE FL 32934

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Pres Vines, George J
1213 Thallar Ln NW
Palm Bay, FL 32907
Vice President
Vines, Karen
1213 Thallar Ln NW
Palm Bay, FL 32907

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 paper 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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 321-956-8965
Date Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90077 023 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)