


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90147 016 ***150.00

0659413 AV

DOCUMENT # P01000108345	
1. Entity Name CUTTER LIMITED, INC.	

Principal Place of Business 1800 SECOND STREET SUITE 714 SARASOTA FL 34236	Mailing Address 1800 SECOND STREET SUITE 714 SARASOTA FL 34236
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

2. Principal Place of Business 585 Cutter Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Longboat Key, FL 34228	City & State
Zip 34228	Country USA

4. FEI Number 65-1152641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent NAMACK, WILLIAM H III 1800 SECOND STREET SUITE 714 SARASOTA FL 34236	
--------------------------------------------------------------------------------------------------------------------------------------------	--

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete NAMACK, WILLIAM H III 1800 SECOND STREET, SUITE 714 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R <input type="checkbox"/> Delete XXXXXXXXXXXXXXXXXXXX 41 Powers Road Hollis, NH 03049
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rebecca L. Metea 41 Powers Road Hollis, NH 03049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan E. Stayart 11750 Lake Shore Drive Grand Haven, MI 49417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia A. Chidley 120 Ione Drive, Unit A South Elgin, IL 60177
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/7/03** **(941) 368-0365**
SIGNATURE (NOT TYPED) OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment ⁸⁰¹¹⁷⁹²⁰ to # 01000108345

WILLIAM H. NAMACK, III

ATTORNEY AT LAW

1800 SECOND STREET

SUITE 714

SARASOTA, FLORIDA 34236

E-MAIL bill@whnamack.com

BOARD CERTIFIED WILLS,
TRUSTS AND ESTATES

TELEPHONE
941-365-0365

FAX
941-365-5997

May 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

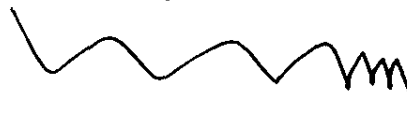
Re: Cutter Limited, Inc.

Dear Sir/Madam:

Enclosed is the 2003 Uniform Business Report for Matz Management Corporation. Also enclosed is a check in the amount of \$150.00 for the filing fee.

If you have any questions, please let me know.

Sincerely,



William H. Namack, III

WHN:mlo

\\RUMPOLE\OFFICE\WHN\Elliott, Myron\Corp\2003\File UBR 05-07-03.doc