

**2002 UNIFORM BUSINESS REPORT (UBR)**

FILED

**DOCUMENT # P01000112463****1. Entity Name**  
**SPORTS CUTTZ INC.**

02 OCT 11 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business**  
400 N. PINE HILLS RD., STE. 1  
ORLANDO FL 32811**Mailing Address**  
400 N. PINE HILLS RD., STE. 1  
ORLANDO FL 32811**2. Principal Place of Business**

Sport Cuttz

**3. Mailing Address**

400 N. Pine Hills Rd. Ste. 1

Suite, Apt. #, etc.

400 N. Pine Hills Rd. Ste. 1

Suite, Apt. #, etc.

Ste. 1

City &amp; State

Orlando, FL

City &amp; State

Orlando, FL

Zip

32811

Country

Orange

Zip

32811

Country

Orange

**4. FEI Number**

52-2360091

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

WRIGHT, FITZROY G

400 N. PINE HILLS RD., STE. 1  
ORLANDO FL 32811**7. Name and Address of New Registered Agent**

Name

Carolyn A. Chang Wright

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

2412 Sandwick Ct.

City

ORI

FL

FL

Zip Code

32818

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/02

**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 13, 2002 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** P  
**STREET ADDRESS** WRIGHT, FITZROY G  
**CITY-ST-ZIP** 400 N. PINE HILLS RD., STE. 1  
ORLANDO FL 32811**TITLE** ☐ Delete**NAME** V.P. Carolyn A. Chang Wright  
**STREET ADDRESS** 400 N. Pine Hills Rd  
**CITY-ST-ZIP** Orlando, FL 32811**TITLE** ☐ Delete**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete**NAME**  
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**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**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

CR2E034 (4/02)

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

Date

407 509 6641

Daytime Phone #

9/16/02