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Secretary of State

02-19-2003 90015 049 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030925

1. Entity Name

STEVE UTTER, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o SKYDIVE AMERICA FB	427 MAINSTREET
Suite, Apt. #, etc.: 3597 AIRPORT ROAD	Suite, Apt. #, etc.: APT A
City & State: PAHOKEE, FL	City & State: CEDARTOWN, GA
Zip: 33476 Country: USA	Zip: 30125 Country: USA

4. FEI Number: 04-3615416 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVEN UTTER

Street Address (P.O. Box Number is Not Acceptable): Apt 1 Lakeside circle

City: Pahokee FL Zip Code: 33476

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: _____ 02-17-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVEN W. UTTER
STREET ADDRESS	427 Mainstreet Apt A
CITY-ST-ZIP	Cedartown, GA 30125
TITLE	S
NAME	FRANZISKA I UTTER
STREET ADDRESS	427 Mainstreet Apt A
CITY-ST-ZIP	Cedartown, GA 30125

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

(STEVEN W. UTTER)

SIGNATURE: _____ 02-17-03 770-748-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #