

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90160 025 ***150.00

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DOCUMENT # P02000052594

1. Entity Name

KUTZ & KURLZ, INC.



Principal Place of Business

8077 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

8077 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

1844 N. NOB HILL Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

162

City & State

Plantation FL

Zip

Country

33322

USA

FEI Number

03-0443871

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCLEAN, FRANKLIN
1844 N. NOB HILL RD., #162
PLANTATION FL 33322

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

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

(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.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLEAN, ANDREA	
STREET ADDRESS	8077 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCLEAN, FRANKLIN	
STREET ADDRESS	1844 N. NOB HILL RD., #162	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *ANDREA MCLEAN*

ANDREA MCLEAN 3/31/03 954 465-6476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)