

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90073 045 ***550.00

DOCUMENT # P02000106478

1. Entity Name
DAVID SHUTTS, P.A.



Principal Place of Business
**909 S.W. SANTA BARBARA PLACE
CAPE CORAL FL 33991**

Mailing Address
**909 S.W. SANTA BARBARA PLACE
CAPE CORAL FL 33991**



2. Principal Place of Business
909 SW SANTA BARBARA PL
Suite, Apt. #, etc.

3. Mailing Address
909 SW SANTA BARBARA PL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number ☐ Applied For
☒ Not Applicable

Zip **33991** Country **USA**

Zip **33991** Country **USA**

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

6. Name and Address of Current Registered Agent

~~SHUTT, DARRIN R ESQ.~~ **DAVID SHUTTS PA**
**909 S.W. SANTA BARBARA PLACE
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **DAVID SHUTTS PA**
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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUTTS, DAVID 909 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33991	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/12/03 **239-560-9110**
Date Daytime Phone #

CR2E034 (4/03)