

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90036 047 ***150.00

DOCUMENT # P03000120075

1. Entity Name
J.U.T.A., INC.



Principal Place of Business
1946 WESTPOINTE CIRCLE
ORLANDO, FL 32835 US

Mailing Address
1946 WESTPOINTE CIRCLE
ORLANDO, FL 32835 US



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0329621

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

TAVAREZ, JUAN B
1946 WESTPOINTE CIRCLE
ORLANDO, FL 32835

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TAVAREZ, JUAN B
STREET ADDRESS 1946 WESTPOINTE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32835

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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

Date

Daytime Phone #