

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90106 015 \*\*\*150.00

DOCUMENT # P05000030383

1. Entity Name

SUTORZ INC



**DO NOT WRITE IN THIS SPACE**

50010886

2. Principal Place of Business

1016 S. 66TH ST

Suite, Apt. #, etc.

3. Mailing Address

1016 S. 66TH ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

26-0109360

Applied For  
Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Sutton E. Page

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

1016 S. 66TH ST

City

Tampa

FL

Zip Code

33619

**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

Sutton E. Page Sutton E. Page President

4/7/2006

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-electing)

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 NAME STREET ADDRESS CITY ST ZIP	PIT/D Sutton E. Page 1016 S. 66th St. Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	V/SID Orzretta J. Page 1016 S. 66th St. Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sutton E. Page

Sutton E. Page

4/7/2006

(813) 626-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)