

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000009765**1. Entity Name  
**FUTTERER CORPORATION**Principal Place of Business  
**PO DRAWER 2167  
FT. WALTON BEACH FL 32549**Mailing Address  
**92 EGLIN PARKWAY NE  
FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3155945**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**POWELL, RICHARD H  
92 EGLIN PARKWAY NE  
FT. WALTON BEACH FL 32548**

## 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	<b>DD</b>	<input type="checkbox"/> Delete
NAME	<b>FUTTERER, KLAUS J</b>	
STREET ADDRESS	<b>PANORAMA STRASSE 43</b>	
CITY-ST-ZIP	<b>OSTFILDERN 7302</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FUTTERER, HEIDEMARIE J</b>	
STREET ADDRESS	<b>PANORAMA STRASSE 43</b>	
CITY-ST-ZIP	<b>OSTFILDERN 7302</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, RICHARD H</b>	
STREET ADDRESS	<b>92 EGLIN PKWY NE</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other lists empowered.

**SIGNATURE: Richard H. Powell, Secretary/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/01 (850) 243-7184**

Date Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90146 011 \*\*\*150.00

**80007939**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)