

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002547

1. Entity Name

FLORIDA CUTLERY, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90150 012 ***150.00

Principal Place of Business

Mailing Address

868 BRENT WOOD DRIVE
APOPKA FL 32712

868 BRENT WOOD DRIVE
APOPKA FL 32712-5689

2. Principal Place of Business

3. Mailing Address

3910 GREENOCK CT

3910 GREENOCK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOPKA, FL

APOPKA, FL

Zip

Country

USA

Zip

Country

USA

32712

32712

4. FEI Number

59-3191278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, WILLIAM R
868 BRENT WOOD DRIVE
APOPKA FL 32712

Name

WILLIAM R EVANS

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

3910 GREENOCK CT

City

APOPKA, FL

FL

Zip Code

32712

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

William R Evans

WILLIAM R EVANS

4-25-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, WILLIAM R 868 BRENT WOOD DRIVE APOPKA FL 32712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D-S WILLIAM R EVANS 3910 GREENOCK CT APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, ELOISE T 868 BRENT WOOD DRIVE APOPKA FL 32712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELOISE T EVANS 3910 GREENOCK CT APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

William R Evans
WILLIAM R EVANS

4-25-00

407 886 7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)