

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90118 007 ***150.00

60010/44

DOCUMENT # P93000003561

1. Entity Name
CUT-'N-UP, INC.

Principal Place of Business
2020 SADLER ROAD
SUITE 3
FERNANDINA BEACH FL 32034

Mailing Address
2020 SADLER ROAD
SUITE 3
FERNANDINA BEACH FL 32034-4428

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

6. Name and Address of Current Registered Agent
JONES, MADELYN
2020 SADLER RD.
FERNANDINA BCH. FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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) ☐

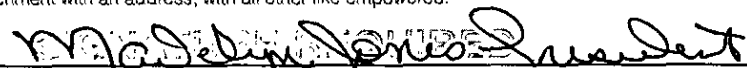
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLENAMESTREET ADDRESSCITY-ST-ZIP
D JONES, MADELYN C
2020 SADLER ROAD SUITE 3
FERNANDINA BEACH FL 32034
TITLENAMESTREET ADDRESSCITY-ST-ZIP
TITLENAMESTREET ADDRESSCITY-ST-ZIP
TITLENAMESTREET ADDRESSCITY-ST-ZIP
TITLENAMESTREET ADDRESSCITY-ST-ZIP
TITLENAMESTREET ADDRESSCITY-ST-ZIP
TITLENAMESTREET ADDRESSCITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLENAMESTREET ADDRESSCITY-ST-ZIP
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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:  1-1800 9042614768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


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DO NOT WRITE IN THIS SPACE