

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90173 046 ***150.00

DOCUMENT # **P93000034327**

1. Entity Name
JAMES CUTLER, INC.



Principal Place of Business
**1315 SE 12TH TERR
CAPE CORAL FL 33990
US**

Mailing Address
**1315 SE 12TH TERR
CAPE CORAL FL 33990
US**

22003052



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0415965**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTLER, JAMES
1315 S.E. 12TH TERRACE
CAPE CORAL FL 33990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James C Cutler James C Cutler 2/1/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** Delete
NAME **CUTLER, JAMES**
STREET ADDRESS **1315 S.E. 12TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **PTS** Change Addition
NAME **Cutler James**
STREET ADDRESS **1315 S.E. 12th Terrace**
CITY-ST-ZIP **Cape Coral Fla 33990**

TITLE **V** Delete
NAME **MOORE, MICHAEL A**
STREET ADDRESS **1101 LINCOLN COURT**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James C Cutler **SIGNATURE REQUIRED** James C Cutler

2/1/2003
Date

239-951-5046
Daytime Phone #

CR2E034 (10/02)