2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000081418 Mar 08, 2000 8:00 am **Secretary of State** STUART SHUTTER CORPORATION, INC. 03-08-2000 90055 003 ***158.00 Principal Place of Business Mailing Address 197 S.E. MONTEREY ROAD 197 S.E. MONTEREY ROAD STUART FL 34994 STUART: FL 34994-4472 3. Mailing Address 2. Principal Place of Business Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0460402 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John L. O-Brien-GEARY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 310 W 1ST STREET 611 S.W. Timber TRAIL STUART FL 34994 ent for the purpose of changing its registered office or registered <u>agent,</u> or both, in the State of Florida. 8. The above SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This con poration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, ☐ Addition Change ☐ Delete TITLE TITLE O'BRIEN, JOHN L NAME NAME 197 S.E. MONTEREY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 regeiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the re-changed, or on an attachm

Smil MARCH 2000