

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003362

1. Entity Name

SUTTLE & ASSOCIATES, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90098 039 \*\*\*150.00

Principal Place of Business

9990 SW 77 AVENUE  
 SUITE 218  
 MIAMI FL 33156  
 US

Mailing Address

6640 SW 129TH TER  
 MIAMI FL 33156-7081

2. Principal Place of Business

7650 NW 19 Street  
 Suite, Apt. #, etc.  
 400

3. Mailing Address

Suite, Apt. #, etc.

City & State

miami, Fla

City & State

Zip

83126

Country

USA

Zip

Country

4. FEI Number

65-0459422

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

SUTTLE, STEPHEN D  
 6640 SW 129TH TER  
 MIAMI FL 33156

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

*Stephen D. Suttle*

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	D	<input type="checkbox"/> Delete
NAME	SUTTLE, STEPHEN D	
STREET ADDRESS	6640 SW 129TH TER	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Stephen D. Suttle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)