

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90107 018 ***150.00

DOCUMENT # P94000003362

1. Entity Name
SUTTLE & ASSOCIATES, INC.

Principal Place of Business

~~7060 NW 19 STREET~~
~~SUITE 400~~
~~MIAMI FL 33126~~
~~US~~

Mailing Address

6640 SW 129TH TER
 MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

12390 SW 82 Avenue

City & State
Pinecrest, Florida

Zip
33156

Country
USA

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SUTTLE, STEPHEN D**
 CITY-ST-ZIP **6640 SW 129TH TER**
MIAMI FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sep 12, 2002 **305**
662-1595

CR2E034 (4/02)

Attachment
Dr. # PS4000003362
677933


Sept 12, 2002

Dept. of State

Dear Sirs,

I am writing to notify your office that I did not receive the earlier notice of my annual dues of \$150.00. On this date (Sept. 12, 2002) I called your office and was told to pay \$150.00 and submit a letter stating that I did not get the previous notice. I am submitting the \$150.00 and this is the letter that I did not receive the previous notice.

Thank you


Stephen Suttle