2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90567 021 ***158.75

DOCUMENT # P94000004599

1. Entity Name

STU'S CUT, INC.

Principal Place of Business	Mailing Address
19304 EASTBROOK DRIVE ODESSA FL 33556 US	19304 EASTBROOK DRIVE ODESSA FL 33556-4205 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19304 Eastbrook Dr.	19304 Eastbrook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Odessa, FL.	City & State: Odessa, FL
Zip: 33556 Country: Hillsborough	Zip: 33556 Country: Hillsborough

4. FEI Number 59-3220957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

BAILEY, STUART F
19304 EASTBROOK DRIVE
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name: Bailey, Stuart F.
Street Address (P.O. Box Number is Not Acceptable): 19304 Eastbrook Drive
City: Odessa FL Zip Code: 33556

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAILEY, STUART F		NAME		
STREET ADDRESS	19034 EASTBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAILEY, STUART F		NAME		
STREET ADDRESS	19304 EASTBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] STUART F. BAILEY 4/27/00 (813) 920.3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #