

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90278 029 ***158.75

0444801 AV

DOCUMENT # P94000004599

1. Entity Name
STU'S CUT, INC.



Principal Place of Business
19304 EASTBROOK DR
ODESSA FL 33556
US

Mailing Address
19304 EASTBROOK DR
ODESSA FL 33556
US



2. Principal Place of Business
19304 EASTBROOK DR.
Suite, Apt. #, etc.

3. Mailing Address
19304 EASTBROOK DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ODESSA
Zip
33556

City & State
ODESSA, FL.
Zip
33556

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
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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BAILEY, STUART F 19034 EASTBROOK DRIVE ODESSA FL 33556	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, STUART F 19304 EASTBROOK DRIVE ODESSA FL 33556	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, SANDRA P. 19304 EASTBROOK DR ODESSA FL 33556	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

3/28/03 **(813) 920 3534**
Date **Daytime Phone #**

CR2E034 (10/02)