

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90205 049 \*\*\*150.00

049205 AV

**DOCUMENT # P94000047428**

1. Entity Name  
**T. DUTTON, INC.**

Principal Place of Business <b>1625 W MARION AVE          SUITE #1          PUNTA GORDA FL 33950          US</b>	Mailing Address <b>1625 W MARION AVE          SUITE 1          PUNTA GORDA FL 33950          US</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0511257**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DUTTON, TIMOTHY E  
 7055 RIVERSIDE DR  
 PUNTA GORDA FL 32982**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUTTON, TIMOTHY E</b>	
STREET ADDRESS	<b>7055 RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DUTTON, CARMELA M</b>	
STREET ADDRESS	<b>7055 RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Timothy E. Dutton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02 941-639-5503**  
 Date Daytime Phone #

CR2E034 (9/01)