

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90467 048 \*\*\*150.00

**DOCUMENT # P94000068421**

1. Entity Name

**SUTY, INC.**

Principal Place of Business

Mailing Address

412 W HOWRY AVE  
 6  
 DELAND FL 32720  
 US

422 WEST NEW YORK AVENUE  
 DELAND FL 32720-5349  
 US

2. Principal Place of Business

3. Mailing Address

410 W. Howry Ave  
 Suite, Apt. #, etc.

410 W. Howry Ave  
 Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

Zip

32720

Country

USA

Zip

32720

Country

USA

4. FEI Number

59-3268290

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

ECKERT, STACY A ESQ  
 2415 S VOLUSIA AVE  
 A-4  
 ORANGE CITY FL 32763

Name

STACY A ECKERT P.A.

Street Address (P.O. Box Number is Not Acceptable)

2445 S. Volusia Ave

C-3

City

Orange City

FL

Zip Code

32763

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 also title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* President

4/26/00

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 checked="" type="checkbox"/> Delete
NAME	LEISHMAN, SUSAN J	
STREET ADDRESS	412 WEST HOWRY AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Redbers Leishman	
STREET ADDRESS	410 W. Howry Avenue	
CITY-ST-ZIP	Deland, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* (904) 736-2483

CR2E034 (9/99)